

# 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

 PAGE 1 OF 44  
 FOR SE OF FORM 24/48

|   |  |   |  |
|---|--|---|--|
| NAME OF COMMITTEE (In Full)<br><b>Women Speak Out PAC</b>   |  | FEC IDENTIFICATION NUMBER ▼<br><b>C</b> C00530766   |  |
| Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report |  | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: flex; justify-content: space-around; width: 100%;"> <div>MM / DD / YYYY<br/>  /  /  </div> <div>MM / DD / YYYY<br/>  /  /  </div> <div>MM / DD / YYYY<br/>  /  /  </div> </div> |  |

|   |                       |  |  |
|---|-----------------------|--|--|
| Full Name of Payee<br><b>Cynthia J Christmas</b>        |                       | Date of Public Distribution/Dissemination<br>MM / DD / YYYY<br>11 / 12 / 2014  |  |
| Mailing Address 1731 Frenchmen St                       |                       | Amount<br>70.00  |  |
| City<br>New Orleans                                     | State<br>LA           | Zip Code<br>70116  | Transaction ID : <b>cee6c084-1aa6-4b92-b</b> |
| Purpose of Expenditure<br>Salary                        | Category/<br>Type 001 | Date of Disbursement or Obligation<br>MM / DD / YYYY<br>11 / 11 / 2014   |  |
| Name of Federal Candidate<br>Ms. Mary L Landrieu        |                       | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose<br><input type="checkbox"/> President <input checked="" type="checkbox"/> Senate |  |
| Calendar Year-To-Date<br>Per Election for Office Sought |                       | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2014 <input type="checkbox"/> Other (specify) ▶            |  |

|   |                       |  |  |
|---|-----------------------|--|--|
| Full Name of Payee<br><b>Cynthia J Christmas</b>        |                       | Date of Public Distribution/Dissemination<br>MM / DD / YYYY<br>11 / 12 / 2014  |  |
| Mailing Address 1731 Frenchmen St                       |                       | Amount<br>10.50  |  |
| City<br>New Orleans                                     | State<br>LA           | Zip Code<br>70116  | Transaction ID : <b>e20a8445-e74f-4b0b-b</b> |
| Purpose of Expenditure<br>Mileage                       | Category/<br>Type 002 | Date of Disbursement or Obligation<br>MM / DD / YYYY<br>11 / 11 / 2014   |  |
| Name of Federal Candidate<br>Ms. Mary L Landrieu        |                       | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose<br><input type="checkbox"/> President <input checked="" type="checkbox"/> Senate |  |
| Calendar Year-To-Date<br>Per Election for Office Sought |                       | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2014 <input type="checkbox"/> Other (specify) ▶            |  |

|  |       |
|--|-------|
| (a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶    | 80.50 |
| (b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶ |       |
| (c) <b>TOTAL</b> Independent Expenditures..... ▶                   |       |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

 MM / DD / YYYY  
 11 / 14 / 2014

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

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 FOR SE OF FORM 24/48

|  |   |
|--|---|
| NAME OF COMMITTEE (In Full)<br><b>Women Speak Out PAC</b>  | <b>FEC IDENTIFICATION NUMBER ▼</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00530766       </div> |
| Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on |   |

|   |   |  |   |
|---|---|--|---|
| Full Name of Payee<br><b>Nicholas O Wilcox</b>          |   | Date of Public Distribution/Dissemination<br><div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">11</div> <div style="border: 1px solid black; padding: 2px;">12</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div> |   |
| Mailing Address 1981 Cherokee St                        |   | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">43.00</div>   |   |
| City<br>Baton Rouge                                     | State<br>LA   | Zip Code<br>70806  | <b>Transaction ID : 5af971ba-0494-4110-8</b><br>Date of Disbursement or Obligation<br><div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">11</div> <div style="border: 1px solid black; padding: 2px;">12</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div> |
| Purpose of Expenditure<br>Salary                        | Category/Type<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div> |  |   |
| Name of Federal Candidate<br>Ms. Mary L Landrieu        |   | <input type="checkbox"/> Support<br><input checked="" type="checkbox"/> Oppose   | Office Sought: <input type="checkbox"/> House District: 00<br><input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA   |
| Calendar Year-To-Date<br>Per Election for Office Sought |   | <div style="border: 1px solid black; padding: 2px; display: inline-block;">271547.24</div>   |   |
|   |   | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2014 <input type="checkbox"/> Other (specify) ▶  |   |

|   |   |  |   |
|---|---|--|---|
| Full Name of Payee<br><b>Nicholas O Wilcox</b>          |   | Date of Public Distribution/Dissemination<br><div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">11</div> <div style="border: 1px solid black; padding: 2px;">12</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div> |   |
| Mailing Address 1981 Cherokee St                        |   | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">4.86</div>  |   |
| City<br>Baton Rouge                                     | State<br>LA   | Zip Code<br>70806  | <b>Transaction ID : 9a159956-46db-4476-9</b><br>Date of Disbursement or Obligation<br><div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">11</div> <div style="border: 1px solid black; padding: 2px;">12</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div> |
| Purpose of Expenditure<br>Mileage                       | Category/Type<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div> |  |   |
| Name of Federal Candidate<br>Ms. Mary L Landrieu        |   | <input type="checkbox"/> Support<br><input checked="" type="checkbox"/> Oppose   | Office Sought: <input type="checkbox"/> House District: 00<br><input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA   |
| Calendar Year-To-Date<br>Per Election for Office Sought |   | <div style="border: 1px solid black; padding: 2px; display: inline-block;">271547.24</div>   |   |
|   |   | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2014 <input type="checkbox"/> Other (specify) ▶  |   |

|  |  |
|--|--|
| <b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶    | <div style="border: 1px solid black; padding: 2px; display: inline-block;">47.86</div> |
| <b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>      |
| <b>(c) TOTAL</b> Independent Expenditures..... ▶                   | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>      |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

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Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

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 FOR SE OF FORM 24/48

|  |   |
|--|---|
| NAME OF COMMITTEE (In Full)<br><b>Women Speak Out PAC</b>  | <b>FEC IDENTIFICATION NUMBER ▼</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00530766       </div> |
| Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on |   |

|   |  |   |  |
|---|--|---|--|
| Full Name of Payee<br><b>Heather A Smith</b>            |  | Date of Public Distribution/Dissemination<br><div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">11</div> <div style="border: 1px solid black; padding: 2px;">12</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div> |  |
| Mailing Address 995 Clairborne Rd                       |  | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">38.00</div>  |  |
| City Calhoun      State LA      Zip Code 71225          | <b>Transaction ID : 081f265d-0003-4468-a</b><br>Date of Disbursement or Obligation<br><div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">11</div> <div style="border: 1px solid black; padding: 2px;">12</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div> |   |  |
| Purpose of Expenditure<br>Salary                        | Category/Type<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>  |   |  |
| Name of Federal Candidate<br>Ms. Mary L Landrieu        |  | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose<br>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: 00<br><input type="checkbox"/> President    State: LA  |  |
| Calendar Year-To-Date<br>Per Election for Office Sought |  | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2014 <input type="checkbox"/> Other (specify) ▶   |  |

|   |  |   |  |
|---|--|---|--|
| Full Name of Payee<br><b>Heather A Smith</b>            |  | Date of Public Distribution/Dissemination<br><div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">11</div> <div style="border: 1px solid black; padding: 2px;">12</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div> |  |
| Mailing Address 995 Clairborne Rd                       |  | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">14.10</div>  |  |
| City Calhoun      State LA      Zip Code 71225          | <b>Transaction ID : ee31872a-6893-4701-b</b><br>Date of Disbursement or Obligation<br><div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">11</div> <div style="border: 1px solid black; padding: 2px;">12</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div> |   |  |
| Purpose of Expenditure<br>Mileage                       | Category/Type<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>  |   |  |
| Name of Federal Candidate<br>Ms. Mary L Landrieu        |  | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose<br>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: 00<br><input type="checkbox"/> President    State: LA  |  |
| Calendar Year-To-Date<br>Per Election for Office Sought |  | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2014 <input type="checkbox"/> Other (specify) ▶   |  |

|  |  |
|--|--|
| <b>(a) SUBTOTAL</b> of Itemized Independent Expenditures.....    | <div style="border: 1px solid black; padding: 2px; display: inline-block;">52.10</div> |
| <b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>      |
| <b>(c) TOTAL</b> Independent Expenditures.....                   | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>      |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

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Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)PAGE 4 OF 44  
FOR SE OF FORM 24/48

|   |  |  |  |
|---|--|--|--|
| NAME OF COMMITTEE (In Full)<br><b>Women Speak Out PAC</b>   |  | FEC IDENTIFICATION NUMBER ▼<br><b>C</b> C00530766  |  |
| Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report |  | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on |  |

|  |                             |  |  |
|--|-----------------------------|--|--|
| Full Name of Payee<br><b>Joshua J Huffman</b>                            |                             | Date of Public Distribution/Dissemination<br>MM / DD / YYYY<br><b>11 / 12 / 2014</b>   |  |
| Mailing Address <b>211 Dixie Ave</b>                                     |                             | Amount<br><b>50.00</b>   |  |
| City<br><b>Harrisonburg</b>  | State<br><b>VA</b>          | Zip Code<br><b>22801</b>   | Transaction ID : <b>e02eb96f-1969-4660-8</b> |
| Purpose of Expenditure<br><b>Salary</b>                                  | Category/Type<br><b>001</b> | Date of Disbursement or Obligation<br>MM / DD / YYYY<br><b>11 / 12 / 2014</b>  |  |
| Name of Federal Candidate<br><b>Ms. Mary L Landrieu</b>                  |                             | <input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: <b>00</b><br><input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <b>LA</b> |  |
| Calendar Year-To-Date Per Election for Office Sought<br><b>271547.24</b> |                             | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014<br><input type="checkbox"/> Other (specify) ▶  |  |

|  |                             |  |  |
|--|-----------------------------|--|--|
| Full Name of Payee<br><b>John K Necaise III</b>                          |                             | Date of Public Distribution/Dissemination<br>MM / DD / YYYY<br><b>11 / 12 / 2014</b>   |  |
| Mailing Address <b>1905 Franklin Ave</b>                                 |                             | Amount<br><b>40.00</b>   |  |
| City<br><b>New Orleans</b>   | State<br><b>LA</b>          | Zip Code<br><b>70117</b>   | Transaction ID : <b>e1e1d422-c87b-4f5f-9</b> |
| Purpose of Expenditure<br><b>Salary</b>                                  | Category/Type<br><b>001</b> | Date of Disbursement or Obligation<br>MM / DD / YYYY<br><b>11 / 12 / 2014</b>  |  |
| Name of Federal Candidate<br><b>Ms. Mary L Landrieu</b>                  |                             | <input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: <b>00</b><br><input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <b>LA</b> |  |
| Calendar Year-To-Date Per Election for Office Sought<br><b>271547.24</b> |                             | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014<br><input type="checkbox"/> Other (specify) ▶  |  |

|  |              |
|--|--------------|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶    | <b>90.00</b> |
| (b) SUBTOTAL of Unitemized Independent Expenditures .....▶ |              |
| (c) TOTAL Independent Expenditures.....▶                   |              |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY  
**11 / 14 / 2014**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 5 OF 44  
FOR SE OF FORM 24/48

|  |  |   |
|--|--|---|
| NAME OF COMMITTEE (In Full)<br><b>Women Speak Out PAC</b>  |  | FEC IDENTIFICATION NUMBER ▼<br><b>C</b> C00530766 |
| Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on |  | MM / DD / YYYY                                    |

|   |                       |  |
|---|-----------------------|--|
| Full Name of Payee<br><b>John K Necaise III</b>                   |                       | Date of Public Distribution/Dissemination<br>MM / DD / YYYY<br><b>11 / 12 / 2014</b>   |
| Mailing Address 1905 Franklin Ave                                 |                       | Amount<br>13.56  |
| City<br>New Orleans   | State<br>LA           | Zip Code<br>70117  |
| Purpose of Expenditure<br>Mileage                                 | Category/<br>Type 002 | Date of Disbursement or Obligation<br>MM / DD / YYYY<br><b>11 / 12 / 2014</b>  |
| Name of Federal Candidate<br>Ms. Mary L Landrieu                  |                       | Office Sought: <input type="checkbox"/> House District: 00<br><input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA |
| Calendar Year-To-Date<br>Per Election for Office Sought 271547.24 |                       | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2014 <input type="checkbox"/> Other (specify) ▶  |

|   |                       |  |
|---|-----------------------|--|
| Full Name of Payee<br><b>Ryan Drake</b>                           |                       | Date of Public Distribution/Dissemination<br>MM / DD / YYYY<br><b>11 / 12 / 2014</b>   |
| Mailing Address 29637 Park St                                     |                       | Amount<br>60.00  |
| City<br>Walker  | State<br>LA           | Zip Code<br>70785  |
| Purpose of Expenditure<br>Salary                                  | Category/<br>Type 001 | Date of Disbursement or Obligation<br>MM / DD / YYYY<br><b>11 / 12 / 2014</b>  |
| Name of Federal Candidate<br>Ms. Mary L Landrieu                  |                       | Office Sought: <input type="checkbox"/> House District: 00<br><input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA |
| Calendar Year-To-Date<br>Per Election for Office Sought 271547.24 |                       | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2014 <input type="checkbox"/> Other (specify) ▶  |

|   |       |
|---|-------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶    | 73.56 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶ |       |
| (c) TOTAL Independent Expenditures..... ▶                   |       |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY  
**11 / 14 / 2014**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 6 OF 44  
FOR SE OF FORM 24/48

|   |  |  |  |
|---|--|--|--|
| NAME OF COMMITTEE (In Full)<br><b>Women Speak Out PAC</b>   |  | FEC IDENTIFICATION NUMBER ▼<br><b>C</b> C00530766  |  |
| Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report |  | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on |  |

|   |                             |   |  |
|---|-----------------------------|---|--|
| Full Name of Payee<br><b>Ryan Drake</b>                                     |                             | Date of Public Distribution/Dissemination<br>MM / DD / YYYY<br><b>11 / 12 / 2014</b>  |  |
| Mailing Address <b>29637 Park St</b>  |                             | Amount<br><b>14.10</b>  |  |
| City<br><b>Walker</b>   | State<br><b>LA</b>          | Zip Code<br><b>70785</b>  | <b>Transaction ID : 78c57e62-731b-4d48-a</b> |
| Purpose of Expenditure<br><b>Mileage</b>                                    | Category/Type<br><b>002</b> | Date of Disbursement or Obligation<br>MM / DD / YYYY<br><b>11 / 12 / 2014</b>   |  |
| Name of Federal Candidate<br><b>Ms. Mary L Landrieu</b>                     |                             | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose   |  |
|   |                             | Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: <b>00</b><br><input type="checkbox"/> President    State: <b>LA</b> |  |
| Calendar Year-To-Date<br>Per Election for Office Sought<br><b>271547.24</b> |                             | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2014 <input type="checkbox"/> Other (specify) ▶                         |  |

|   |                             |   |  |
|---|-----------------------------|---|--|
| Full Name of Payee<br><b>Alice K Salazar</b>                                |                             | Date of Public Distribution/Dissemination<br>MM / DD / YYYY<br><b>11 / 12 / 2014</b>  |  |
| Mailing Address <b>605 W Houston St</b>                                     |                             | Amount<br><b>80.00</b>  |  |
| City<br><b>Marshall</b>   | State<br><b>TX</b>          | Zip Code<br><b>75633</b>  | <b>Transaction ID : 80de260e-cb46-483f-a</b> |
| Purpose of Expenditure<br><b>Salary</b>                                     | Category/Type<br><b>001</b> | Date of Disbursement or Obligation<br>MM / DD / YYYY<br><b>11 / 12 / 2014</b>   |  |
| Name of Federal Candidate<br><b>Ms. Mary L Landrieu</b>                     |                             | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose   |  |
|   |                             | Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: <b>00</b><br><input type="checkbox"/> President    State: <b>LA</b> |  |
| Calendar Year-To-Date<br>Per Election for Office Sought<br><b>271547.24</b> |                             | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2014 <input type="checkbox"/> Other (specify) ▶                         |  |

|  |              |
|--|--------------|
| (a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶    | <b>94.10</b> |
| (b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶ |              |
| (c) <b>TOTAL</b> Independent Expenditures..... ▶                   |              |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Ms. Emily Buchanan**[Electronically Filed]*

Date

MM / DD / YYYY  
**11 / 14 / 2014**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 7 OF 44  
FOR SE OF FORM 24/48

|   |  |  |  |
|---|--|--|--|
| NAME OF COMMITTEE (In Full)<br><b>Women Speak Out PAC</b>   |  | FEC IDENTIFICATION NUMBER ▼<br><b>C</b> C00530766  |  |
| Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report |  | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on |  |

|   |                             |  |  |
|---|-----------------------------|--|--|
| Full Name of Payee<br><b>Alice K Salazar</b>                                |                             | Date of Public Distribution/Dissemination<br>MM / DD / YYYY<br><b>11 / 12 / 2014</b>   |  |
| Mailing Address <b>605 W Houston St</b>                                     |                             | Amount<br><b>47.70</b>   |  |
| City<br><b>Marshall</b>   | State<br><b>TX</b>          | Zip Code<br><b>75633</b>   | Transaction ID : <b>55c933bc-e2a1-4656-b</b> |
| Purpose of Expenditure<br>Mileage   | Category/Type<br><b>002</b> | Date of Disbursement or Obligation<br>MM / DD / YYYY<br><b>11 / 12 / 2014</b>  |  |
| Name of Federal Candidate<br><b>Ms. Mary L Landrieu</b>                     |                             | <input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: <b>00</b><br><input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <b>LA</b> |  |
| Calendar Year-To-Date<br>Per Election for Office Sought<br><b>271547.24</b> |                             | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2014 <input type="checkbox"/> Other (specify) ▶  |  |

|   |                             |  |  |
|---|-----------------------------|--|--|
| Full Name of Payee<br><b>Carla K Pilgreen</b>                               |                             | Date of Public Distribution/Dissemination<br>MM / DD / YYYY<br><b>11 / 12 / 2014</b>   |  |
| Mailing Address <b>212 Stonecliff Dr</b>                                    |                             | Amount<br><b>70.00</b>   |  |
| City<br><b>West Monro</b>   | State<br><b>LA</b>          | Zip Code<br><b>71291</b>   | Transaction ID : <b>a9c33891-d148-4b9c-9</b> |
| Purpose of Expenditure<br>Salary  | Category/Type<br><b>001</b> | Date of Disbursement or Obligation<br>MM / DD / YYYY<br><b>11 / 12 / 2014</b>  |  |
| Name of Federal Candidate<br><b>Ms. Mary L Landrieu</b>                     |                             | <input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: <b>00</b><br><input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <b>LA</b> |  |
| Calendar Year-To-Date<br>Per Election for Office Sought<br><b>271547.24</b> |                             | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2014 <input type="checkbox"/> Other (specify) ▶  |  |

|  |               |
|--|---------------|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶    | <b>117.70</b> |
| (b) SUBTOTAL of Unitemized Independent Expenditures .....▶ |               |
| (c) TOTAL Independent Expenditures.....▶                   |               |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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Date

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**11 / 14 / 2014**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)PAGE 8 OF 44  
FOR SE OF FORM 24/48

|   |  |  |  |
|---|--|--|--|
| NAME OF COMMITTEE (In Full)<br><b>Women Speak Out PAC</b>   |  | FEC IDENTIFICATION NUMBER ▼<br><b>C</b> C00530766  |  |
| Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report |  | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on |  |

|   |                             |  |  |
|---|-----------------------------|--|--|
| Full Name of Payee<br><b>Carla K Pilgreen</b>                               |                             | Date of Public Distribution/Dissemination<br>MM / DD / YYYY<br><b>11 / 12 / 2014</b>   |  |
| Mailing Address <b>212 Stonecliff Dr</b>                                    |                             | Amount<br><b>10.80</b>   |  |
| City<br><b>West Monro</b>   | State<br><b>LA</b>          | Zip Code<br><b>71291</b>   | Transaction ID : <b>e6a92d2a-1194-49dc-9</b> |
| Purpose of Expenditure<br><b>Mileage</b>                                    | Category/Type<br><b>002</b> | Date of Disbursement or Obligation<br>MM / DD / YYYY<br><b>11 / 12 / 2014</b>  |  |
| Name of Federal Candidate<br><b>Ms. Mary L Landrieu</b>                     |                             | <input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: <b>00</b><br><input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <b>LA</b> |  |
| Calendar Year-To-Date<br>Per Election for Office Sought<br><b>271547.24</b> |                             | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2014 <input type="checkbox"/> Other (specify) ▶  |  |

|   |                             |  |  |
|---|-----------------------------|--|--|
| Full Name of Payee<br><b>Chelsey Waite</b>                                  |                             | Date of Public Distribution/Dissemination<br>MM / DD / YYYY<br><b>11 / 12 / 2014</b>   |  |
| Mailing Address <b>3738 Woodland Ridge Blvd</b>                             |                             | Amount<br><b>25.00</b>   |  |
| City<br><b>Baton Rouge</b>  | State<br><b>LA</b>          | Zip Code<br><b>70816</b>   | Transaction ID : <b>b4fb1146-077c-465f-9</b> |
| Purpose of Expenditure<br><b>Salary</b>                                     | Category/Type<br><b>001</b> | Date of Disbursement or Obligation<br>MM / DD / YYYY<br><b>11 / 12 / 2014</b>  |  |
| Name of Federal Candidate<br><b>Ms. Mary L Landrieu</b>                     |                             | <input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: <b>00</b><br><input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <b>LA</b> |  |
| Calendar Year-To-Date<br>Per Election for Office Sought<br><b>271547.24</b> |                             | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2014 <input type="checkbox"/> Other (specify) ▶  |  |

|   |              |
|---|--------------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶    | <b>35.80</b> |
| (b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶ |              |
| (c) TOTAL Independent Expenditures..... ▶                   |              |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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**11 / 14 / 2014**

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)

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FOR SE OF FORM 24/48

|  |   |
|--|---|
| NAME OF COMMITTEE (In Full)<br><b>Women Speak Out PAC</b>  | <b>FEC IDENTIFICATION NUMBER ▼</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00530766       </div> |
| Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on |   |

|   |   |   |  |
|---|---|---|--|
| Full Name of Payee<br><b>Charleen Ecuyer</b>            |   | Date of Public Distribution/Dissemination<br><div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">11</div> <div style="border: 1px solid black; padding: 2px;">12</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div> |  |
| Mailing Address 3738 Woodland Ridge Blvd                |   | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">25.00</div>  |  |
| City<br>Baton Rouge                                     | State<br>LA   | Zip Code<br>70816   | <b>Transaction ID : eb966ce0-5db7-485c-a</b><br>Date of Disbursement or Obligation<br><div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">11</div> <div style="border: 1px solid black; padding: 2px;">12</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div> |
| Purpose of Expenditure<br>Salary                        | Category/Type<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div> |   |  |
| Name of Federal Candidate<br>Ms. Mary L Landrieu        |   | <input type="checkbox"/> Support<br><input checked="" type="checkbox"/> Oppose  | Office Sought: <input type="checkbox"/> House District: 00<br><input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA  |
| Calendar Year-To-Date<br>Per Election for Office Sought |   | <div style="border: 1px solid black; padding: 2px; display: inline-block;">271547.24</div>  | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2014 <input type="checkbox"/> Other (specify) ▶  |

|   |   |   |  |
|---|---|---|--|
| Full Name of Payee<br><b>Vanessa E Ecuyer</b>           |   | Date of Public Distribution/Dissemination<br><div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">11</div> <div style="border: 1px solid black; padding: 2px;">12</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div> |  |
| Mailing Address 3738 Woodland Ridge Blvd                |   | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">25.00</div>  |  |
| City<br>Baton Rouge                                     | State<br>LA   | Zip Code<br>70816   | <b>Transaction ID : e65f52f6-1d14-4faa-b</b><br>Date of Disbursement or Obligation<br><div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">11</div> <div style="border: 1px solid black; padding: 2px;">12</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div> |
| Purpose of Expenditure<br>Salary                        | Category/Type<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div> |   |  |
| Name of Federal Candidate<br>Ms. Mary L Landrieu        |   | <input type="checkbox"/> Support<br><input checked="" type="checkbox"/> Oppose  | Office Sought: <input type="checkbox"/> House District: 00<br><input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA  |
| Calendar Year-To-Date<br>Per Election for Office Sought |   | <div style="border: 1px solid black; padding: 2px; display: inline-block;">271547.24</div>  | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2014 <input type="checkbox"/> Other (specify) ▶  |

|  |  |
|--|--|
| <b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶    | <div style="border: 1px solid black; padding: 2px; display: inline-block;">50.00</div> |
| <b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>      |
| <b>(c) TOTAL</b> Independent Expenditures..... ▶                   | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>      |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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Date

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Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 10 OF 44  
FOR SE OF FORM 24/48

|   |  |  |  |
|---|--|--|--|
| NAME OF COMMITTEE (In Full)<br><b>Women Speak Out PAC</b>   |  | FEC IDENTIFICATION NUMBER ▼<br><b>C</b> C00530766  |  |
| Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report |  | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on |  |

|   |                              |  |  |
|---|------------------------------|--|--|
| Full Name of Payee<br><b>Charleen Ecuyer</b>                                |                              | Date of Public Distribution/Dissemination<br>MM / DD / YYYY<br><b>11 / 12 / 2014</b>   |  |
| Mailing Address <b>3738 Woodland Ridge Blvd</b>                             |                              | Amount<br><b>5.70</b>  |  |
| City<br><b>Baton Rouge</b>  | State<br><b>LA</b>           | Zip Code<br><b>70816</b>   | Transaction ID : <b>711c8514-50d6-4fbd-b</b> |
| Purpose of Expenditure<br>Mileage   | Category/<br>Type <b>002</b> | Date of Disbursement or Obligation<br>MM / DD / YYYY<br><b>11 / 12 / 2014</b>  |  |
| Name of Federal Candidate<br><b>Ms. Mary L Landrieu</b>                     |                              | <input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: <b>00</b><br><input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <b>LA</b> |  |
| Calendar Year-To-Date<br>Per Election for Office Sought<br><b>271547.24</b> |                              | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2014 <input type="checkbox"/> Other (specify) ▶  |  |

|   |                              |  |  |
|---|------------------------------|--|--|
| Full Name of Payee<br><b>Beau Autin</b>                                     |                              | Date of Public Distribution/Dissemination<br>MM / DD / YYYY<br><b>11 / 12 / 2014</b>   |  |
| Mailing Address <b>345 Auroura Ave</b>                                      |                              | Amount<br><b>40.00</b>   |  |
| City<br><b>Metairie</b>   | State<br><b>LA</b>           | Zip Code<br><b>70006</b>   | Transaction ID : <b>fb8d5930-0c96-4c3b-a</b> |
| Purpose of Expenditure<br>Salary  | Category/<br>Type <b>001</b> | Date of Disbursement or Obligation<br>MM / DD / YYYY<br><b>11 / 12 / 2014</b>  |  |
| Name of Federal Candidate<br><b>Ms. Mary L Landrieu</b>                     |                              | <input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: <b>00</b><br><input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <b>LA</b> |  |
| Calendar Year-To-Date<br>Per Election for Office Sought<br><b>271547.24</b> |                              | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2014 <input type="checkbox"/> Other (specify) ▶  |  |

|   |              |
|---|--------------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶    | <b>45.70</b> |
| (b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶ |              |
| (c) TOTAL Independent Expenditures..... ▶                   |              |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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Date

MM / DD / YYYY  
**11 / 14 / 2014**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

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|  |   |
|--|---|
| NAME OF COMMITTEE (In Full)<br><b>Women Speak Out PAC</b>  | <b>FEC IDENTIFICATION NUMBER ▼</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00530766       </div> |
| Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on |   |

|   |             |                       |  |  |  |
|---|-------------|-----------------------|--|--|--|
| Full Name of Payee<br><b>Beau Autin</b>   |             |                       | Date of Public Distribution/Dissemination<br><div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY<br/>11 / 12 / 2014</div> </div>   |  |  |
| Mailing Address 345 Auroura Ave   |             |                       | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">1.68</div>  |  |  |
| City<br>Metairie  | State<br>LA | Zip Code<br>70006     | <b>Transaction ID : b0e5fe81-38c5-43fc-9</b><br>Date of Disbursement or Obligation<br><div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY<br/>11 / 12 / 2014</div> </div>  |  |  |
| Purpose of Expenditure<br>Mileage   |             | Category/<br>Type 002 | Name of Federal Candidate<br>Ms. Mary L Landrieu <div style="float: right;"> <input type="checkbox"/> Support<br/> <input checked="" type="checkbox"/> Oppose         </div>   |  |  |
| Calendar Year-To-Date<br>Per Election for Office Sought<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">271547.24</div> |             |                       | Office Sought: <input type="checkbox"/> House District: 00<br><input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA<br>Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014<br><input type="checkbox"/> Other (specify) ▶ |  |  |

|   |             |                       |  |  |  |
|---|-------------|-----------------------|--|--|--|
| Full Name of Payee<br><b>Lesley Lennox</b>  |             |                       | Date of Public Distribution/Dissemination<br><div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY<br/>11 / 12 / 2014</div> </div>   |  |  |
| Mailing Address 2305 Cleary Ave   |             |                       | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">15.00</div>   |  |  |
| City<br>Metairie  | State<br>LA | Zip Code<br>70001     | <b>Transaction ID : 2311169a-4758-4882-9</b><br>Date of Disbursement or Obligation<br><div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY<br/>11 / 12 / 2014</div> </div>  |  |  |
| Purpose of Expenditure<br>Salary  |             | Category/<br>Type 001 | Name of Federal Candidate<br>Ms. Mary L Landrieu <div style="float: right;"> <input type="checkbox"/> Support<br/> <input checked="" type="checkbox"/> Oppose         </div>   |  |  |
| Calendar Year-To-Date<br>Per Election for Office Sought<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">271547.24</div> |             |                       | Office Sought: <input type="checkbox"/> House District: 00<br><input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA<br>Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014<br><input type="checkbox"/> Other (specify) ▶ |  |  |

|  |  |
|--|--|
| (a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶    | <div style="border: 1px solid black; padding: 2px; display: inline-block;">16.68</div> |
| (b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>      |
| (c) <b>TOTAL</b> Independent Expenditures..... ▶                   | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>      |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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Date

MM / DD / YYYY  
11 / 14 / 2014

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

|                      |    |    |    |
|----------------------|----|----|----|
| PAGE                 | 12 | OF | 44 |
| FOR SE OF FORM 24/48 |    |    |    |

|   |  |  |  |
|---|--|--|--|
| NAME OF COMMITTEE (In Full)<br><b>Women Speak Out PAC</b>   |  | FEC IDENTIFICATION NUMBER ▼<br><b>C</b> C00530766  |  |
| Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report |  | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on |  |

|   |                             |   |  |
|---|-----------------------------|---|--|
| Full Name of Payee<br><b>Lesley Lennox</b>                                  |                             | Date of Public Distribution/Dissemination<br>MM / DD / YYYY<br><b>11 / 12 / 2014</b>  |  |
| Mailing Address <b>2305 Cleary Ave</b>                                      |                             | Amount<br><b>1.80</b>   |  |
| City<br><b>Metairie</b>   | State<br><b>LA</b>          | Zip Code<br><b>70001</b>  | Transaction ID : <b>6c2819d1-c51a-43c5-b</b> |
| Purpose of Expenditure<br><b>Mileage</b>                                    | Category/Type<br><b>002</b> | Date of Disbursement or Obligation<br>MM / DD / YYYY<br><b>11 / 12 / 2014</b>   |  |
| Name of Federal Candidate<br><b>Ms. Mary L Landrieu</b>                     |                             | Office Sought: <input type="checkbox"/> House District: <b>00</b><br><input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>LA</b> |  |
| Calendar Year-To-Date<br>Per Election for Office Sought<br><b>271547.24</b> |                             | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2014 <input type="checkbox"/> Other (specify) ▶                   |  |

|   |                             |   |  |
|---|-----------------------------|---|--|
| Full Name of Payee<br><b>Michael A Toomey</b>                               |                             | Date of Public Distribution/Dissemination<br>MM / DD / YYYY<br><b>11 / 12 / 2014</b>  |  |
| Mailing Address <b>4120 Bon Aire Dr Apt 6307</b>                            |                             | Amount<br><b>25.00</b>  |  |
| City<br><b>Monroe</b>   | State<br><b>LA</b>          | Zip Code<br><b>71212</b>  | Transaction ID : <b>985f4c2a-2b82-4e78-9</b> |
| Purpose of Expenditure<br><b>Salary</b>                                     | Category/Type<br><b>001</b> | Date of Disbursement or Obligation<br>MM / DD / YYYY<br><b>11 / 12 / 2014</b>   |  |
| Name of Federal Candidate<br><b>Ms. Mary L Landrieu</b>                     |                             | Office Sought: <input type="checkbox"/> House District: <b>00</b><br><input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>LA</b> |  |
| Calendar Year-To-Date<br>Per Election for Office Sought<br><b>271547.24</b> |                             | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2014 <input type="checkbox"/> Other (specify) ▶                   |  |

|   |              |
|---|--------------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶    | <b>26.80</b> |
| (b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶ |              |
| (c) TOTAL Independent Expenditures..... ▶                   |              |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Ms. Emily Buchanan*

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Date

MM / DD / YYYY  
**11 / 14 / 2014**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)PAGE 13 OF 44  
FOR SE OF FORM 24/48

|   |  |  |  |
|---|--|--|--|
| NAME OF COMMITTEE (In Full)<br><b>Women Speak Out PAC</b>   |  | FEC IDENTIFICATION NUMBER ▼<br><b>C</b> C00530766  |  |
| Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report |  | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on |  |

|   |                             |  |  |
|---|-----------------------------|--|--|
| Full Name of Payee<br><b>Michael A Toomey</b>                               |                             | Date of Public Distribution/Dissemination<br>MM / DD / YYYY<br><b>11 / 12 / 2014</b>   |  |
| Mailing Address <b>4120 Bon Aire Dr Apt 6307</b>                            |                             | Amount<br><b>13.50</b>   |  |
| City<br><b>Monroe</b>   | State<br><b>LA</b>          | Zip Code<br><b>71212</b>   | Transaction ID : <b>1d85554c-38e2-4af0-9</b> |
| Purpose of Expenditure<br>Mileage   | Category/Type<br><b>002</b> | Date of Disbursement or Obligation<br>MM / DD / YYYY<br><b>11 / 12 / 2014</b>  |  |
| Name of Federal Candidate<br><b>Ms. Mary L Landrieu</b>                     |                             | <input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: <b>00</b><br><input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <b>LA</b> |  |
| Calendar Year-To-Date<br>Per Election for Office Sought<br><b>271547.24</b> |                             | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2014 <input type="checkbox"/> Other (specify) ▶  |  |

|   |                             |  |  |
|---|-----------------------------|--|--|
| Full Name of Payee<br><b>Jenny N Brown</b>                                  |                             | Date of Public Distribution/Dissemination<br>MM / DD / YYYY<br><b>11 / 12 / 2014</b>   |  |
| Mailing Address <b>1270 Lovelady Rd</b>                                     |                             | Amount<br><b>40.00</b>   |  |
| City<br><b>West Monroe</b>  | State<br><b>LA</b>          | Zip Code<br><b>71292</b>   | Transaction ID : <b>e4b770b0-c25a-4c78-8</b> |
| Purpose of Expenditure<br>Salary  | Category/Type<br><b>001</b> | Date of Disbursement or Obligation<br>MM / DD / YYYY<br><b>11 / 12 / 2014</b>  |  |
| Name of Federal Candidate<br><b>Ms. Mary L Landrieu</b>                     |                             | <input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: <b>00</b><br><input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <b>LA</b> |  |
| Calendar Year-To-Date<br>Per Election for Office Sought<br><b>271547.24</b> |                             | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2014 <input type="checkbox"/> Other (specify) ▶  |  |

|  |              |
|--|--------------|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶    | <b>53.50</b> |
| (b) SUBTOTAL of Unitemized Independent Expenditures .....▶ |              |
| (c) TOTAL Independent Expenditures.....▶                   |              |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY  
**11 / 14 / 2014**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 14 OF 44  
FOR SE OF FORM 24/48

|   |  |  |  |
|---|--|--|--|
| NAME OF COMMITTEE (In Full)<br><b>Women Speak Out PAC</b>   |  | FEC IDENTIFICATION NUMBER ▼<br><b>C</b> C00530766  |  |
| Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report |  | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on |  |

|   |                   |   |   |
|---|-------------------|---|---|
| Full Name of Payee<br><b>Jenny N Brown</b>              |                   | Date of Public Distribution/Dissemination<br>MM / DD / YYYY<br><b>11 / 12 / 2014</b>  |   |
| Mailing Address 1270 Lovelady Rd                        |                   | Amount<br><b>6.00</b>   |   |
| City<br>West Monroe                                     | State<br>LA       | Zip Code<br>71292   | Transaction ID : <b>b3766e0e-bb3e-4463-a</b>  |
| Purpose of Expenditure<br>Mileage                       | Category/<br>Type | 002   | Date of Disbursement or Obligation<br>MM / DD / YYYY<br><b>11 / 12 / 2014</b>   |
| Name of Federal Candidate<br>Ms. Mary L Landrieu        |                   | <input type="checkbox"/> Support<br><input checked="" type="checkbox"/> Oppose  | Office Sought: <input type="checkbox"/> House District: <u>00</u><br><input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u> |
| Calendar Year-To-Date<br>Per Election for Office Sought |                   | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2014 <input type="checkbox"/> Other (specify) ▶ |   |

|   |                   |   |   |
|---|-------------------|---|---|
| Full Name of Payee<br><b>Cathy Longtin</b>              |                   | Date of Public Distribution/Dissemination<br>MM / DD / YYYY<br><b>11 / 12 / 2014</b>  |   |
| Mailing Address 827 Navavre Ave                         |                   | Amount<br><b>80.00</b>  |   |
| City<br>New Orleans                                     | State<br>LA       | Zip Code<br>70124   | Transaction ID : <b>e93052fb-521f-4fce-9</b>  |
| Purpose of Expenditure<br>Salary                        | Category/<br>Type | 001   | Date of Disbursement or Obligation<br>MM / DD / YYYY<br><b>11 / 12 / 2014</b>   |
| Name of Federal Candidate<br>Ms. Mary L Landrieu        |                   | <input type="checkbox"/> Support<br><input checked="" type="checkbox"/> Oppose  | Office Sought: <input type="checkbox"/> House District: <u>00</u><br><input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u> |
| Calendar Year-To-Date<br>Per Election for Office Sought |                   | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2014 <input type="checkbox"/> Other (specify) ▶ |   |

|  |              |
|--|--------------|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶    | <b>86.00</b> |
| (b) SUBTOTAL of Unitemized Independent Expenditures .....▶ |              |
| (c) TOTAL Independent Expenditures.....▶                   |              |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY  
**11 / 14 / 2014**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

|                      |    |    |    |
|----------------------|----|----|----|
| PAGE                 | 15 | OF | 44 |
| FOR SE OF FORM 24/48 |    |    |    |

|   |  |  |  |
|---|--|--|--|
| NAME OF COMMITTEE (In Full)<br><b>Women Speak Out PAC</b>   |  | FEC IDENTIFICATION NUMBER ▼<br><b>C</b> C00530766  |  |
| Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report |  | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on |  |

|   |                              |   |  |
|---|------------------------------|---|--|
| Full Name of Payee<br><b>Cathy Longtin</b>                                  |                              | Date of Public Distribution/Dissemination<br>MM / DD / YYYY<br><b>11 / 12 / 2014</b>  |  |
| Mailing Address <b>827 Navavre Ave</b>                                      |                              | Amount<br><b>8.10</b>   |  |
| City<br><b>New Orleans</b>  | State<br><b>LA</b>           | Zip Code<br><b>70124</b>  | Transaction ID : <b>d19c3737-b579-4cf1-b</b> |
| Purpose of Expenditure<br>Mileage   | Category/<br>Type <b>002</b> | Date of Disbursement or Obligation<br>MM / DD / YYYY<br><b>11 / 12 / 2014</b>   |  |
| Name of Federal Candidate<br><b>Ms. Mary L Landrieu</b>                     |                              | Office Sought: <input type="checkbox"/> House District: <b>00</b><br><input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>LA</b> |  |
| Calendar Year-To-Date<br>Per Election for Office Sought<br><b>271547.24</b> |                              | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2014 <input type="checkbox"/> Other (specify) ▶                   |  |

|   |                              |   |  |
|---|------------------------------|---|--|
| Full Name of Payee<br><b>Jerome M Weil</b>                                  |                              | Date of Public Distribution/Dissemination<br>MM / DD / YYYY<br><b>11 / 12 / 2014</b>  |  |
| Mailing Address <b>101 Durham Drive</b>                                     |                              | Amount<br><b>20.00</b>  |  |
| City<br><b>Lafayette</b>  | State<br><b>LA</b>           | Zip Code<br><b>70508</b>  | Transaction ID : <b>092246d9-489f-463e-9</b> |
| Purpose of Expenditure<br>Salary  | Category/<br>Type <b>001</b> | Date of Disbursement or Obligation<br>MM / DD / YYYY<br><b>11 / 12 / 2014</b>   |  |
| Name of Federal Candidate<br><b>Ms. Mary L Landrieu</b>                     |                              | Office Sought: <input type="checkbox"/> House District: <b>00</b><br><input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>LA</b> |  |
| Calendar Year-To-Date<br>Per Election for Office Sought<br><b>271547.24</b> |                              | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2014 <input type="checkbox"/> Other (specify) ▶                   |  |

|   |              |
|---|--------------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶    | <b>28.10</b> |
| (b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶ |              |
| (c) TOTAL Independent Expenditures..... ▶                   |              |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Ms. Emily Buchanan*

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Date

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**11 / 14 / 2014**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)PAGE 16 OF 44  
FOR SE OF FORM 24/48

|   |  |  |  |
|---|--|--|--|
| NAME OF COMMITTEE (In Full)<br><b>Women Speak Out PAC</b>   |  | FEC IDENTIFICATION NUMBER ▼<br><b>C</b> C00530766  |  |
| Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report |  | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on |  |

|   |                             |  |  |
|---|-----------------------------|--|--|
| Full Name of Payee<br><b>Jerome M Weil</b>                                  |                             | Date of Public Distribution/Dissemination<br>MM / DD / YYYY<br><b>11 / 12 / 2014</b>   |  |
| Mailing Address <b>101 Durham Drive</b>                                     |                             | Amount<br><b>4.50</b>  |  |
| City<br><b>Lafayette</b>  | State<br><b>LA</b>          | Zip Code<br><b>70508</b>   | Transaction ID : <b>a23d6b4d-9fdd-4823-8</b> |
| Purpose of Expenditure<br>Mileage   | Category/Type<br><b>002</b> | Date of Disbursement or Obligation<br>MM / DD / YYYY<br><b>11 / 12 / 2014</b>  |  |
| Name of Federal Candidate<br><b>Ms. Mary L Landrieu</b>                     |                             | <input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: <b>00</b><br><input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <b>LA</b> |  |
| Calendar Year-To-Date<br>Per Election for Office Sought<br><b>271547.24</b> |                             | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2014 <input type="checkbox"/> Other (specify) ▶  |  |

|   |                             |  |  |
|---|-----------------------------|--|--|
| Full Name of Payee<br><b>Theresa a Youngblood</b>                           |                             | Date of Public Distribution/Dissemination<br>MM / DD / YYYY<br><b>11 / 12 / 2014</b>   |  |
| Mailing Address <b>102 S Main Street Apt A2</b>                             |                             | Amount<br><b>40.00</b>   |  |
| City<br><b>Berryville</b>   | State<br><b>VA</b>          | Zip Code<br><b>22611</b>   | Transaction ID : <b>61b9c43b-2168-4fa2-a</b> |
| Purpose of Expenditure<br>Salary  | Category/Type<br><b>001</b> | Date of Disbursement or Obligation<br>MM / DD / YYYY<br><b>11 / 12 / 2014</b>  |  |
| Name of Federal Candidate<br><b>Ms. Mary L Landrieu</b>                     |                             | <input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: <b>00</b><br><input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <b>LA</b> |  |
| Calendar Year-To-Date<br>Per Election for Office Sought<br><b>271547.24</b> |                             | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2014 <input type="checkbox"/> Other (specify) ▶  |  |

|  |              |
|--|--------------|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶    | <b>44.50</b> |
| (b) SUBTOTAL of Unitemized Independent Expenditures .....▶ |              |
| (c) TOTAL Independent Expenditures.....▶                   |              |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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Date

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**11 / 14 / 2014**

Signature



**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)PAGE 17 OF 44  
FOR SE OF FORM 24/48

|   |  |  |  |
|---|--|--|--|
| NAME OF COMMITTEE (In Full)<br><b>Women Speak Out PAC</b>   |  | FEC IDENTIFICATION NUMBER ▼<br><b>C</b> C00530766  |  |
| Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report |  | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on |  |

|   |                             |  |  |
|---|-----------------------------|--|--|
| Full Name of Payee<br><b>Eva M Johnston</b>                                 |                             | Date of Public Distribution/Dissemination<br>MM / DD / YYYY<br><b>11 / 12 / 2014</b>   |  |
| Mailing Address <b>2517 N 47th St</b>                                       |                             | Amount<br><b>30.00</b>   |  |
| City<br><b>Milwaukee</b>  | State<br><b>WI</b>          | Zip Code<br><b>53210</b>   | Transaction ID : <b>954113e7-78f4-4b4a-9</b> |
| Purpose of Expenditure<br><b>Salary</b>                                     | Category/Type<br><b>001</b> | Date of Disbursement or Obligation<br>MM / DD / YYYY<br><b>11 / 12 / 2014</b>  |  |
| Name of Federal Candidate<br><b>Ms. Mary L Landrieu</b>                     |                             | <input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: <b>00</b><br><input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <b>LA</b> |  |
| Calendar Year-To-Date<br>Per Election for Office Sought<br><b>271547.24</b> |                             | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2014 <input type="checkbox"/> Other (specify) ▶  |  |

|   |                             |  |  |
|---|-----------------------------|--|--|
| Full Name of Payee<br><b>Julia Perry</b>                                    |                             | Date of Public Distribution/Dissemination<br>MM / DD / YYYY<br><b>11 / 12 / 2014</b>   |  |
| Mailing Address <b>2046 Perrin St Apt C</b>                                 |                             | Amount<br><b>90.00</b>   |  |
| City<br><b>Shreveport</b>   | State<br><b>LA</b>          | Zip Code<br><b>71101</b>   | Transaction ID : <b>765ced04-13e7-40af-b</b> |
| Purpose of Expenditure<br><b>Salary</b>                                     | Category/Type<br><b>001</b> | Date of Disbursement or Obligation<br>MM / DD / YYYY<br><b>11 / 12 / 2014</b>  |  |
| Name of Federal Candidate<br><b>Ms. Mary L Landrieu</b>                     |                             | <input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: <b>00</b><br><input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <b>LA</b> |  |
| Calendar Year-To-Date<br>Per Election for Office Sought<br><b>271547.24</b> |                             | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2014 <input type="checkbox"/> Other (specify) ▶  |  |

|  |               |
|--|---------------|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶    | <b>120.00</b> |
| (b) SUBTOTAL of Unitemized Independent Expenditures .....▶ |               |
| (c) TOTAL Independent Expenditures.....▶                   |               |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)PAGE 18 OF 44  
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|   |  |  |  |
|---|--|--|--|
| NAME OF COMMITTEE (In Full)<br><b>Women Speak Out PAC</b>   |  | FEC IDENTIFICATION NUMBER ▼<br><b>C</b> C00530766  |  |
| Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report |  | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on |  |

|   |                    |   |   |
|---|--------------------|---|---|
| Full Name of Payee<br><b>Julia Perry</b>                                    |                    | Date of Public Distribution/Dissemination<br>MM / DD / YYYY<br><b>11 / 12 / 2014</b>  |   |
| Mailing Address <b>2046 Perrin St Apt C</b>                                 |                    | Amount<br><b>13.50</b>  |   |
| City<br><b>Shreveport</b>   | State<br><b>LA</b> | Zip Code<br><b>71101</b>  | Transaction ID : <b>ba68940d-727f-43d4-a</b><br>Date of Disbursement or Obligation<br>MM / DD / YYYY<br><b>11 / 12 / 2014</b>                                       |
| Purpose of Expenditure<br>Mileage   |                    | Category/Type<br><b>002</b>   |   |
| Name of Federal Candidate<br><b>Ms. Mary L Landrieu</b>                     |                    | <input type="checkbox"/> Support<br><input checked="" type="checkbox"/> Oppose  | Office Sought: <input type="checkbox"/> House District: <b>00</b><br><input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>LA</b> |
| Calendar Year-To-Date<br>Per Election for Office Sought<br><b>271547.24</b> |                    | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2014 <input type="checkbox"/> Other (specify) ▶ |   |

|   |                    |   |   |
|---|--------------------|---|---|
| Full Name of Payee<br><b>Christopher Marquess</b>                           |                    | Date of Public Distribution/Dissemination<br>MM / DD / YYYY<br><b>11 / 12 / 2014</b>  |   |
| Mailing Address <b>110 W Pecan St</b>                                       |                    | Amount<br><b>50.00</b>  |   |
| City<br><b>Ville Platte</b>   | State<br><b>LA</b> | Zip Code<br><b>70586</b>  | Transaction ID : <b>37ec1d6a-b749-4a49-9</b><br>Date of Disbursement or Obligation<br>MM / DD / YYYY<br><b>11 / 12 / 2014</b>                                       |
| Purpose of Expenditure<br>Salary  |                    | Category/Type<br><b>001</b>   |   |
| Name of Federal Candidate<br><b>Ms. Mary L Landrieu</b>                     |                    | <input type="checkbox"/> Support<br><input checked="" type="checkbox"/> Oppose  | Office Sought: <input type="checkbox"/> House District: <b>00</b><br><input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>LA</b> |
| Calendar Year-To-Date<br>Per Election for Office Sought<br><b>271547.24</b> |                    | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2014 <input type="checkbox"/> Other (specify) ▶ |   |

|  |              |
|--|--------------|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶    | <b>63.50</b> |
| (b) SUBTOTAL of Unitemized Independent Expenditures .....▶ |              |
| (c) TOTAL Independent Expenditures.....▶                   |              |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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Date

MM / DD / YYYY  
**11 / 14 / 2014**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 19 OF 44  
FOR SE OF FORM 24/48

|   |  |  |  |
|---|--|--|--|
| NAME OF COMMITTEE (In Full)<br><b>Women Speak Out PAC</b>   |  | FEC IDENTIFICATION NUMBER ▼<br><b>C</b> C00530766  |  |
| Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report |  | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on |  |

|   |                             |  |  |
|---|-----------------------------|--|--|
| Full Name of Payee<br><b>Christopher Marquess</b>                           |                             | Date of Public Distribution/Dissemination<br>MM / DD / YYYY<br><b>11 / 12 / 2014</b>   |  |
| Mailing Address <b>110 W Pecan St</b>                                       |                             | Amount<br><b>32.40</b>   |  |
| City<br><b>Ville Platte</b>   | State<br><b>LA</b>          | Zip Code<br><b>70586</b>   | Transaction ID : <b>dfc4b9e1-11fa-4f02-a</b> |
| Purpose of Expenditure<br><b>Mileage</b>                                    | Category/Type<br><b>002</b> | Date of Disbursement or Obligation<br>MM / DD / YYYY<br><b>11 / 12 / 2014</b>  |  |
| Name of Federal Candidate<br><b>Ms. Mary L Landrieu</b>                     |                             | <input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: <b>00</b><br><input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <b>LA</b> |  |
| Calendar Year-To-Date<br>Per Election for Office Sought<br><b>271547.24</b> |                             | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2014 <input type="checkbox"/> Other (specify) ▶  |  |

|   |                             |  |  |
|---|-----------------------------|--|--|
| Full Name of Payee<br><b>Christopher L Gilbert</b>                          |                             | Date of Public Distribution/Dissemination<br>MM / DD / YYYY<br><b>11 / 12 / 2014</b>   |  |
| Mailing Address <b>55 Lovell Johnson Rd</b>                                 |                             | Amount<br><b>60.00</b>   |  |
| City<br><b>Picayune</b>   | State<br><b>MS</b>          | Zip Code<br><b>39466</b>   | Transaction ID : <b>a0530535-511b-499d-9</b> |
| Purpose of Expenditure<br><b>Salary</b>                                     | Category/Type<br><b>001</b> | Date of Disbursement or Obligation<br>MM / DD / YYYY<br><b>11 / 12 / 2014</b>  |  |
| Name of Federal Candidate<br><b>Ms. Mary L Landrieu</b>                     |                             | <input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: <b>00</b><br><input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <b>LA</b> |  |
| Calendar Year-To-Date<br>Per Election for Office Sought<br><b>271547.24</b> |                             | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2014 <input type="checkbox"/> Other (specify) ▶  |  |

|  |              |
|--|--------------|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶    | <b>92.40</b> |
| (b) SUBTOTAL of Unitemized Independent Expenditures .....▶ |              |
| (c) TOTAL Independent Expenditures.....▶                   |              |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY  
**11 / 14 / 2014**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 20 OF 44  
FOR SE OF FORM 24/48

|  |  |   |
|--|--|---|
| NAME OF COMMITTEE (In Full)<br><b>Women Speak Out PAC</b>  |  | FEC IDENTIFICATION NUMBER ▼<br><b>C</b> C00530766 |
| Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on |  | MM / DD / YYYY                                    |

|   |                       |  |
|---|-----------------------|--|
| Full Name of Payee<br><b>Christopher L Gilbert</b>      |                       | Date of Public Distribution/Dissemination<br>MM / DD / YYYY<br><b>11 / 12 / 2014</b>   |
| Mailing Address 55 Lovell Johnson Rd                    |                       | Amount<br>40.80  |
| City<br>Picayune  | State<br>MS           | Zip Code<br>39466  |
| Purpose of Expenditure<br>Mileage                       | Category/<br>Type 002 | Transaction ID : b85a8be7-efaa-4d14-a<br>Date of Disbursement or Obligation<br>MM / DD / YYYY<br><b>11 / 12 / 2014</b>   |
| Name of Federal Candidate<br>Ms. Mary L Landrieu        |                       | Office Sought: <input type="checkbox"/> House District: 00<br><input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA |
| Calendar Year-To-Date<br>Per Election for Office Sought |                       | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2014 <input type="checkbox"/> Other (specify) ▶  |

|   |                       |  |
|---|-----------------------|--|
| Full Name of Payee<br><b>Gary W Fuhrmann</b>            |                       | Date of Public Distribution/Dissemination<br>MM / DD / YYYY<br><b>11 / 12 / 2014</b>   |
| Mailing Address 9425 Jessica Drive                      |                       | Amount<br>47.50  |
| City<br>Shreveport                                      | State<br>LA           | Zip Code<br>71106  |
| Purpose of Expenditure<br>Salary                        | Category/<br>Type 001 | Transaction ID : 0376f9f9-31ba-427d-b<br>Date of Disbursement or Obligation<br>MM / DD / YYYY<br><b>11 / 12 / 2014</b>   |
| Name of Federal Candidate<br>Ms. Mary L Landrieu        |                       | Office Sought: <input type="checkbox"/> House District: 00<br><input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA |
| Calendar Year-To-Date<br>Per Election for Office Sought |                       | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2014 <input type="checkbox"/> Other (specify) ▶  |

|   |       |
|---|-------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶    | 88.30 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶ |       |
| (c) TOTAL Independent Expenditures..... ▶                   |       |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY  
**11 / 14 / 2014**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)PAGE 21 OF 44  
FOR SE OF FORM 24/48

|   |  |  |  |
|---|--|--|--|
| NAME OF COMMITTEE (In Full)<br><b>Women Speak Out PAC</b>   |  | FEC IDENTIFICATION NUMBER ▼<br><b>C</b> C00530766  |  |
| Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report |  | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on |  |

|   |                    |   |   |
|---|--------------------|---|---|
| Full Name of Payee<br><b>Gary W Fuhrmann</b>                                |                    | Date of Public Distribution/Dissemination<br>MM / DD / YYYY<br><b>11 / 12 / 2014</b>  |   |
| Mailing Address <b>9425 Jessica Drive</b>                                   |                    | Amount<br><b>7.20</b>   |   |
| City<br><b>Shreveport</b>   | State<br><b>LA</b> | Zip Code<br><b>71106</b>  | Transaction ID : <b>1773fc02-b587-4f4b-8</b><br>Date of Disbursement or Obligation<br>MM / DD / YYYY<br><b>11 / 12 / 2014</b>                                       |
| Purpose of Expenditure<br>Mileage   |                    | Category/Type<br><b>002</b>   |   |
| Name of Federal Candidate<br><b>Ms. Mary L Landrieu</b>                     |                    | <input type="checkbox"/> Support<br><input checked="" type="checkbox"/> Oppose  | Office Sought: <input type="checkbox"/> House District: <b>00</b><br><input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>LA</b> |
| Calendar Year-To-Date<br>Per Election for Office Sought<br><b>271547.24</b> |                    | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2014 <input type="checkbox"/> Other (specify) ▶ |   |

|   |                    |   |   |
|---|--------------------|---|---|
| Full Name of Payee<br><b>Felicia A Jones</b>                                |                    | Date of Public Distribution/Dissemination<br>MM / DD / YYYY<br><b>11 / 12 / 2014</b>  |   |
| Mailing Address <b>4106 Martha St</b>                                       |                    | Amount<br><b>80.00</b>  |   |
| City<br><b>Shreveport</b>   | State<br><b>LA</b> | Zip Code<br><b>71109</b>  | Transaction ID : <b>5e068a41-88f2-4be8-b</b><br>Date of Disbursement or Obligation<br>MM / DD / YYYY<br><b>11 / 12 / 2014</b>                                       |
| Purpose of Expenditure<br>Salary  |                    | Category/Type<br><b>001</b>   |   |
| Name of Federal Candidate<br><b>Ms. Mary L Landrieu</b>                     |                    | <input type="checkbox"/> Support<br><input checked="" type="checkbox"/> Oppose  | Office Sought: <input type="checkbox"/> House District: <b>00</b><br><input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>LA</b> |
| Calendar Year-To-Date<br>Per Election for Office Sought<br><b>271547.24</b> |                    | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2014 <input type="checkbox"/> Other (specify) ▶ |   |

|   |              |
|---|--------------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶    | <b>87.20</b> |
| (b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶ |              |
| (c) TOTAL Independent Expenditures..... ▶                   |              |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY  
**11 / 14 / 2014**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

|                      |       |
|----------------------|-------|
| PAGE 22              | OF 44 |
| FOR SE OF FORM 24/48 |       |

|   |  |  |  |
|---|--|--|--|
| NAME OF COMMITTEE (In Full)<br><b>Women Speak Out PAC</b>   |  | FEC IDENTIFICATION NUMBER ▼<br><b>C</b> C00530766  |  |
| Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report |  | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on |  |

|   |                             |   |  |
|---|-----------------------------|---|--|
| Full Name of Payee<br><b>Felicia A Jones</b>                                |                             | Date of Public Distribution/Dissemination<br>MM / DD / YYYY<br><b>11 / 12 / 2014</b>  |  |
| Mailing Address <b>4106 Martha St</b>                                       |                             | Amount<br><b>9.90</b>   |  |
| City<br><b>Shreveport</b>   | State<br><b>LA</b>          | Zip Code<br><b>71109</b>  | Transaction ID : <b>8106d426-9459-4e1c-b</b> |
| Purpose of Expenditure<br><b>Mileage</b>                                    | Category/Type<br><b>002</b> | Date of Disbursement or Obligation<br>MM / DD / YYYY<br><b>11 / 12 / 2014</b>   |  |
| Name of Federal Candidate<br><b>Ms. Mary L Landrieu</b>                     |                             | <input type="checkbox"/> Support<br><input checked="" type="checkbox"/> Oppose<br>Office Sought: <input type="checkbox"/> House District: <b>00</b><br><input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>LA</b> |  |
| Calendar Year-To-Date<br>Per Election for Office Sought<br><b>271547.24</b> |                             | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2014 <input type="checkbox"/> Other (specify) ▶   |  |

|   |                             |   |  |
|---|-----------------------------|---|--|
| Full Name of Payee<br><b>Zachary Vidrine</b>                                |                             | Date of Public Distribution/Dissemination<br>MM / DD / YYYY<br><b>11 / 12 / 2014</b>  |  |
| Mailing Address <b>202 Rue Des Cajun</b>                                    |                             | Amount<br><b>65.00</b>  |  |
| City<br><b>Ville Platte</b>   | State<br><b>LA</b>          | Zip Code<br><b>70586</b>  | Transaction ID : <b>ed6c3691-8212-47d7-8</b> |
| Purpose of Expenditure<br><b>Salary</b>                                     | Category/Type<br><b>001</b> | Date of Disbursement or Obligation<br>MM / DD / YYYY<br><b>11 / 12 / 2014</b>   |  |
| Name of Federal Candidate<br><b>Ms. Mary L Landrieu</b>                     |                             | <input type="checkbox"/> Support<br><input checked="" type="checkbox"/> Oppose<br>Office Sought: <input type="checkbox"/> House District: <b>00</b><br><input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>LA</b> |  |
| Calendar Year-To-Date<br>Per Election for Office Sought<br><b>271547.24</b> |                             | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2014 <input type="checkbox"/> Other (specify) ▶   |  |

|   |              |
|---|--------------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶    | <b>74.90</b> |
| (b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶ |              |
| (c) TOTAL Independent Expenditures..... ▶                   |              |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Ms. Emily Buchanan*
*[Electronically Filed]*

Date

MM / DD / YYYY  
**11 / 14 / 2014**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

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 FOR SE OF FORM 24/48

|  |   |
|--|---|
| NAME OF COMMITTEE (In Full)<br><b>Women Speak Out PAC</b>  | <b>FEC IDENTIFICATION NUMBER ▼</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00530766       </div> |
| Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on |   |

|   |  |   |  |
|---|--|---|--|
| Full Name of Payee<br><b>Zachary Vidrine</b>            |  | Date of Public Distribution/Dissemination<br><div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY<br/>11 / 12 / 2014</div> </div>                                   |  |
| Mailing Address 202 Rue Des Cajun                       |  | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">16.80</div>  |  |
| City<br>Ville Platte                                    | State<br>LA  |   |  |
| Purpose of Expenditure<br>Mileage                       | Category/<br>Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div> | Transaction ID : 54044546-d0ec-4f9d-b<br>Date of Disbursement or Obligation<br><div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY<br/>11 / 12 / 2014</div> </div> |  |
| Name of Federal Candidate<br>Ms. Mary L Landrieu        |  | Office Sought: <input type="checkbox"/> House District: 00<br><input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA   |  |
| Calendar Year-To-Date<br>Per Election for Office Sought |  | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2014 <input type="checkbox"/> Other (specify) ▶   |  |

|   |  |   |  |
|---|--|---|--|
| Full Name of Payee<br><b>Michael Vidrine</b>            |  | Date of Public Distribution/Dissemination<br><div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY<br/>11 / 12 / 2014</div> </div>                                   |  |
| Mailing Address 1103 West Wilson Street                 |  | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">70.00</div>  |  |
| City<br>Ville Platte                                    | State<br>LA  |   |  |
| Purpose of Expenditure<br>Salary                        | Category/<br>Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div> | Transaction ID : 352347da-4d02-4610-9<br>Date of Disbursement or Obligation<br><div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY<br/>11 / 12 / 2014</div> </div> |  |
| Name of Federal Candidate<br>Ms. Mary L Landrieu        |  | Office Sought: <input type="checkbox"/> House District: 00<br><input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA   |  |
| Calendar Year-To-Date<br>Per Election for Office Sought |  | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2014 <input type="checkbox"/> Other (specify) ▶   |  |

|  |  |
|--|--|
| <b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶    | <div style="border: 1px solid black; padding: 2px; display: inline-block;">86.80</div> |
| <b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>      |
| <b>(c) TOTAL</b> Independent Expenditures..... ▶                   | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>      |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Ms. Emily Buchanan*
*[Electronically Filed]*

Date

MM / DD / YYYY  
11 / 14 / 2014

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)PAGE 24 OF 44  
FOR SE OF FORM 24/48

|   |  |  |  |
|---|--|--|--|
| NAME OF COMMITTEE (In Full)<br><b>Women Speak Out PAC</b>   |  | FEC IDENTIFICATION NUMBER ▼<br><b>C</b> C00530766  |  |
| Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report |  | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on |  |

|  |                             |  |  |
|--|-----------------------------|--|--|
| Full Name of Payee<br><b>Michael Vidrine</b>                             |                             | Date of Public Distribution/Dissemination<br>MM / DD / YYYY<br><b>11 / 12 / 2014</b>   |  |
| Mailing Address <b>1103 West Wilson Street</b>                           |                             | Amount<br><b>21.90</b>   |  |
| City<br><b>Ville Platte</b>  | State<br><b>LA</b>          | Zip Code<br><b>70586</b>   | Transaction ID : <b>6c828c08-c79e-4745-9</b> |
| Purpose of Expenditure<br><b>Mileage</b>                                 | Category/Type<br><b>002</b> | Date of Disbursement or Obligation<br>MM / DD / YYYY<br><b>11 / 12 / 2014</b>  |  |
| Name of Federal Candidate<br><b>Ms. Mary L Landrieu</b>                  |                             | <input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: <b>00</b><br><input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <b>LA</b> |  |
| Calendar Year-To-Date Per Election for Office Sought<br><b>271547.24</b> |                             | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2014 <input type="checkbox"/> Other (specify) ▶  |  |

|  |                             |  |  |
|--|-----------------------------|--|--|
| Full Name of Payee<br><b>Cynthia N Schmit</b>                            |                             | Date of Public Distribution/Dissemination<br>MM / DD / YYYY<br><b>11 / 12 / 2014</b>   |  |
| Mailing Address <b>2226 Taft Circle Apt 1</b>                            |                             | Amount<br><b>15.00</b>   |  |
| City<br><b>Winchester</b>  | State<br><b>VA</b>          | Zip Code<br><b>22601</b>   | Transaction ID : <b>b8f9a818-88fa-4738-b</b> |
| Purpose of Expenditure<br><b>Salary</b>                                  | Category/Type<br><b>001</b> | Date of Disbursement or Obligation<br>MM / DD / YYYY<br><b>11 / 12 / 2014</b>  |  |
| Name of Federal Candidate<br><b>Ms. Mary L Landrieu</b>                  |                             | <input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: <b>00</b><br><input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <b>LA</b> |  |
| Calendar Year-To-Date Per Election for Office Sought<br><b>271547.24</b> |                             | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2014 <input type="checkbox"/> Other (specify) ▶  |  |

|  |              |
|--|--------------|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶    | <b>36.90</b> |
| (b) SUBTOTAL of Unitemized Independent Expenditures .....▶ |              |
| (c) TOTAL Independent Expenditures.....▶                   |              |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY  
**11 / 14 / 2014**

Signature



**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)PAGE 25 OF 44  
FOR SE OF FORM 24/48

|   |  |  |  |
|---|--|--|--|
| NAME OF COMMITTEE (In Full)<br><b>Women Speak Out PAC</b>   |  | FEC IDENTIFICATION NUMBER ▼<br><b>C</b> C00530766  |  |
| Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report |  | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on |  |

|   |                   |   |   |
|---|-------------------|---|---|
| Full Name of Payee<br><b>Gregory Green</b>              |                   | Date of Public Distribution/Dissemination<br>MM / DD / YYYY<br><b>11 / 12 / 2014</b>  |   |
| Mailing Address 2506 Bolch Street                       |                   | Amount<br><b>80.00</b>  |   |
| City<br>Shreveport                                      | State<br>LA       | Zip Code<br>71104   | Transaction ID : 0912523a-3fa9-41ae-b   |
| Purpose of Expenditure<br>Salary                        | Category/<br>Type | 001   | Date of Disbursement or Obligation<br>MM / DD / YYYY<br><b>11 / 12 / 2014</b>   |
| Name of Federal Candidate<br>Ms. Mary L Landrieu        |                   | <input type="checkbox"/> Support<br><input checked="" type="checkbox"/> Oppose  | Office Sought: <input type="checkbox"/> House District: 00<br><input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA |
| Calendar Year-To-Date<br>Per Election for Office Sought |                   | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2014 <input type="checkbox"/> Other (specify) ▶ |   |

|   |                   |   |   |
|---|-------------------|---|---|
| Full Name of Payee<br><b>Gregory Green</b>              |                   | Date of Public Distribution/Dissemination<br>MM / DD / YYYY<br><b>11 / 12 / 2014</b>  |   |
| Mailing Address 2506 Bolch Street                       |                   | Amount<br><b>61.20</b>  |   |
| City<br>Shreveport                                      | State<br>LA       | Zip Code<br>71104   | Transaction ID : 5155c909-52cd-4e50-b   |
| Purpose of Expenditure<br>Mileage                       | Category/<br>Type | 002   | Date of Disbursement or Obligation<br>MM / DD / YYYY<br><b>11 / 12 / 2014</b>   |
| Name of Federal Candidate<br>Ms. Mary L Landrieu        |                   | <input type="checkbox"/> Support<br><input checked="" type="checkbox"/> Oppose  | Office Sought: <input type="checkbox"/> House District: 00<br><input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA |
| Calendar Year-To-Date<br>Per Election for Office Sought |                   | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2014 <input type="checkbox"/> Other (specify) ▶ |   |

|  |               |
|--|---------------|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶    | <b>141.20</b> |
| (b) SUBTOTAL of Unitemized Independent Expenditures .....▶ |               |
| (c) TOTAL Independent Expenditures.....▶                   |               |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY  
**11 / 14 / 2014**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

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 FOR SE OF FORM 24/48

|  |   |
|--|---|
| NAME OF COMMITTEE (In Full)<br><b>Women Speak Out PAC</b>  | <b>FEC IDENTIFICATION NUMBER ▼</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00530766       </div> |
| Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on |   |

|  |  |  |   |
|--|--|--|---|
| Full Name of Payee<br><b>Laura U Logie</b>   |  | Date of Public Distribution/Dissemination<br><div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">11</div> <div style="border: 1px solid black; padding: 2px;">12</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div> |   |
| Mailing Address    2565 Shire Circle   |  | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">30.00</div>   |   |
| City<br>Harrisonburg   | State<br>VA  | Zip Code<br>22801  | <b>Transaction ID : d9312962-2504-458c-a</b><br>Date of Disbursement or Obligation<br><div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">11</div> <div style="border: 1px solid black; padding: 2px;">12</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div> |
| Purpose of Expenditure<br>Salary   | Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div> |  |   |
| Name of Federal Candidate<br>Ms. Mary L Landrieu   |  | <input type="checkbox"/> Support<br><input checked="" type="checkbox"/> Oppose   | Office Sought: <input type="checkbox"/> House    District: <u>00</u><br><input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>LA</u>   |
| Calendar Year-To-Date<br>Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">271547.24</div> |  | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2014 <input type="checkbox"/> Other (specify) ▶  |   |

|  |  |  |   |
|--|--|--|---|
| Full Name of Payee<br><b>Joneisha Stewart</b>  |  | Date of Public Distribution/Dissemination<br><div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">11</div> <div style="border: 1px solid black; padding: 2px;">12</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div> |   |
| Mailing Address    2329 Runnymede Dr   |  | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">30.00</div>   |   |
| City<br>Marrero  | State<br>LA  | Zip Code<br>70072  | <b>Transaction ID : 5440c755-ed7c-4964-b</b><br>Date of Disbursement or Obligation<br><div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">11</div> <div style="border: 1px solid black; padding: 2px;">12</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div> |
| Purpose of Expenditure<br>Salary   | Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div> |  |   |
| Name of Federal Candidate<br>Ms. Mary L Landrieu   |  | <input type="checkbox"/> Support<br><input checked="" type="checkbox"/> Oppose   | Office Sought: <input type="checkbox"/> House    District: <u>00</u><br><input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>LA</u>   |
| Calendar Year-To-Date<br>Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">271547.24</div> |  | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2014 <input type="checkbox"/> Other (specify) ▶  |   |

|  |  |
|--|--|
| <b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶    | <div style="border: 1px solid black; padding: 2px; display: inline-block;">60.00</div> |
| <b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>      |
| <b>(c) TOTAL</b> Independent Expenditures..... ▶                   | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>      |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

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Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 27 OF 44  
FOR SE OF FORM 24/48

|  |   |
|--|---|
| NAME OF COMMITTEE (In Full)<br><b>Women Speak Out PAC</b>  | FEC IDENTIFICATION NUMBER ▼<br><b>C</b> C00530766 |
| Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on |   |

|   |                   |                   |  |  |  |
|---|-------------------|-------------------|--|--|--|
| Full Name of Payee<br><b>Joneisha Stewart</b>           |                   |                   | Date of Public Distribution/Dissemination<br>MM / DD / YYYY<br><b>11 / 12 / 2014</b>   |  |  |
| Mailing Address 2329 Runnymede Dr                       |                   |                   | Amount<br>9.00   |  |  |
| City<br>Marrero   | State<br>LA       | Zip Code<br>70072 | Transaction ID : 678d87ec-be01-49db-a  |  |  |
| Purpose of Expenditure<br>Mileage                       | Category/<br>Type | 002               | Date of Disbursement or Obligation<br>MM / DD / YYYY<br><b>11 / 12 / 2014</b>  |  |  |
| Name of Federal Candidate<br>Ms. Mary L Landrieu        |                   |                   | <input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: 00<br><input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: LA |  |  |
| Calendar Year-To-Date<br>Per Election for Office Sought |                   |                   | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2014 <input type="checkbox"/> Other (specify) ▶  |  |  |

|   |                   |                   |  |  |  |
|---|-------------------|-------------------|--|--|--|
| Full Name of Payee<br><b>Jessica R Resendiz</b>         |                   |                   | Date of Public Distribution/Dissemination<br>MM / DD / YYYY<br><b>11 / 12 / 2014</b>   |  |  |
| Mailing Address 9685 Paula St                           |                   |                   | Amount<br>90.00  |  |  |
| City<br>Keithville                                      | State<br>LA       | Zip Code<br>71047 | Transaction ID : 755cac04-5e0c-42ac-9  |  |  |
| Purpose of Expenditure<br>Salary                        | Category/<br>Type | 001               | Date of Disbursement or Obligation<br>MM / DD / YYYY<br><b>11 / 12 / 2014</b>  |  |  |
| Name of Federal Candidate<br>Ms. Mary L Landrieu        |                   |                   | <input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: 00<br><input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: LA |  |  |
| Calendar Year-To-Date<br>Per Election for Office Sought |                   |                   | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2014 <input type="checkbox"/> Other (specify) ▶  |  |  |

|   |       |
|---|-------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶    | 99.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶ |       |
| (c) TOTAL Independent Expenditures..... ▶                   |       |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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Date

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**11 / 14 / 2014**

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

|                      |       |
|----------------------|-------|
| PAGE 28              | OF 44 |
| FOR SE OF FORM 24/48 |       |

|   |  |  |  |
|---|--|--|--|
| NAME OF COMMITTEE (In Full)<br><b>Women Speak Out PAC</b>   |  | FEC IDENTIFICATION NUMBER ▼<br><b>C</b> C00530766  |  |
| Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report |  | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on |  |

|  |                              |   |  |
|--|------------------------------|---|--|
| Full Name of Payee<br><b>Jessica R Resendiz</b>                          |                              | Date of Public Distribution/Dissemination<br>MM / DD / YYYY<br><b>11 / 12 / 2014</b>  |  |
| Mailing Address <b>9685 Paula St</b>                                     |                              | Amount<br><b>19.20</b>  |  |
| City<br><b>Keithville</b>  | State<br><b>LA</b>           | Zip Code<br><b>71047</b>  | Transaction ID : <b>03c9b96d-c604-4d76-9</b> |
| Purpose of Expenditure<br>Mileage  | Category/<br>Type <b>002</b> | Date of Disbursement or Obligation<br>MM / DD / YYYY<br><b>11 / 12 / 2014</b>   |  |
| Name of Federal Candidate<br><b>Ms. Mary L Landrieu</b>                  |                              | Office Sought: <input type="checkbox"/> House District: <b>00</b><br><input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>LA</b> |  |
| Calendar Year-To-Date<br>Per Election for Office Sought <b>271547.24</b> |                              | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2014 <input type="checkbox"/> Other (specify) ▶                   |  |

|  |                              |   |  |
|--|------------------------------|---|--|
| Full Name of Payee<br><b>Lilly Green</b>                                 |                              | Date of Public Distribution/Dissemination<br>MM / DD / YYYY<br><b>11 / 12 / 2014</b>  |  |
| Mailing Address <b>205 Medallion Circle</b>                              |                              | Amount<br><b>80.00</b>  |  |
| City<br><b>Shreveport</b>  | State<br><b>LA</b>           | Zip Code<br><b>71119</b>  | Transaction ID : <b>e908b987-a5b7-4df1-9</b> |
| Purpose of Expenditure<br>Salary   | Category/<br>Type <b>001</b> | Date of Disbursement or Obligation<br>MM / DD / YYYY<br><b>11 / 12 / 2014</b>   |  |
| Name of Federal Candidate<br><b>Ms. Mary L Landrieu</b>                  |                              | Office Sought: <input type="checkbox"/> House District: <b>00</b><br><input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>LA</b> |  |
| Calendar Year-To-Date<br>Per Election for Office Sought <b>271547.24</b> |                              | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2014 <input type="checkbox"/> Other (specify) ▶                   |  |

|   |              |
|---|--------------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶    | <b>99.20</b> |
| (b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶ |              |
| (c) TOTAL Independent Expenditures..... ▶                   |              |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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Date

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**11 / 14 / 2014**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 29 OF 44  
FOR SE OF FORM 24/48

|  |   |
|--|---|
| NAME OF COMMITTEE (In Full)<br><b>Women Speak Out PAC</b>  | <b>FEC IDENTIFICATION NUMBER ▼</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00530766       </div> |
| Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on |   |

|  |                    |   |   |
|--|--------------------|---|---|
| Full Name of Payee<br><b>Lilly Green</b>                                 |                    | Date of Public Distribution/Dissemination<br>MM / DD / YYYY<br><b>11 / 12 / 2014</b>  |   |
| Mailing Address <b>205 Medallion Circle</b>                              |                    | Amount<br><b>67.80</b>  |   |
| City<br><b>Shreveport</b>  | State<br><b>LA</b> | Zip Code<br><b>71119</b>  | <b>Transaction ID : 8fac0689-9570-4ba3-8</b><br>Date of Disbursement or Obligation<br>MM / DD / YYYY<br><b>11 / 12 / 2014</b>                                       |
| Purpose of Expenditure<br>Mileage  |                    | Category/Type<br><b>002</b>   |   |
| Name of Federal Candidate<br><b>Ms. Mary L Landrieu</b>                  |                    | <input type="checkbox"/> Support<br><input checked="" type="checkbox"/> Oppose  | Office Sought: <input type="checkbox"/> House District: <b>00</b><br><input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>LA</b> |
| Calendar Year-To-Date Per Election for Office Sought<br><b>271547.24</b> |                    | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2014 <input type="checkbox"/> Other (specify) ▶ |   |

|  |                    |   |   |
|--|--------------------|---|---|
| Full Name of Payee<br><b>Timothy Foley</b>                               |                    | Date of Public Distribution/Dissemination<br>MM / DD / YYYY<br><b>11 / 12 / 2014</b>  |   |
| Mailing Address <b>20679 Glenbrook Terrace</b>                           |                    | Amount<br><b>40.00</b>  |   |
| City<br><b>Sterling</b>  | State<br><b>VA</b> | Zip Code<br><b>20165</b>  | <b>Transaction ID : c7265457-7186-4fc9-9</b><br>Date of Disbursement or Obligation<br>MM / DD / YYYY<br><b>11 / 12 / 2014</b>                                       |
| Purpose of Expenditure<br>Salary   |                    | Category/Type<br><b>001</b>   |   |
| Name of Federal Candidate<br><b>Ms. Mary L Landrieu</b>                  |                    | <input type="checkbox"/> Support<br><input checked="" type="checkbox"/> Oppose  | Office Sought: <input type="checkbox"/> House District: <b>00</b><br><input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>LA</b> |
| Calendar Year-To-Date Per Election for Office Sought<br><b>271547.24</b> |                    | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2014 <input type="checkbox"/> Other (specify) ▶ |   |

|  |               |
|--|---------------|
| (a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶    | <b>107.80</b> |
| (b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶ |               |
| (c) <b>TOTAL</b> Independent Expenditures..... ▶                   |               |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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Date

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**11 / 14 / 2014**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)PAGE 30 OF 44  
FOR SE OF FORM 24/48

|   |  |  |  |
|---|--|--|--|
| NAME OF COMMITTEE (In Full)<br><b>Women Speak Out PAC</b>   |  | FEC IDENTIFICATION NUMBER ▼<br><b>C</b> C00530766  |  |
| Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report |  | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on |  |

|  |                             |  |  |
|--|-----------------------------|--|--|
| Full Name of Payee<br><b>Hannah J Landry</b>                             |                             | Date of Public Distribution/Dissemination<br>MM / DD / YYYY<br><b>11 / 12 / 2014</b>   |  |
| Mailing Address <b>1110 N Coolidge</b>                                   |                             | Amount<br><b>110.00</b>  |  |
| City<br><b>Gonzales</b>  | State<br><b>LA</b>          | Zip Code<br><b>70737</b>   | Transaction ID : <b>ac884fbc-43f4-4776-a</b> |
| Purpose of Expenditure<br><b>Salary</b>                                  | Category/Type<br><b>001</b> | Date of Disbursement or Obligation<br>MM / DD / YYYY<br><b>11 / 12 / 2014</b>  |  |
| Name of Federal Candidate<br><b>Ms. Mary L Landrieu</b>                  |                             | <input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: <b>00</b><br><input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <b>LA</b> |  |
| Calendar Year-To-Date Per Election for Office Sought<br><b>271547.24</b> |                             | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2014 <input type="checkbox"/> Other (specify) ▶  |  |

|  |                             |  |  |
|--|-----------------------------|--|--|
| Full Name of Payee<br><b>Hannah J Landry</b>                             |                             | Date of Public Distribution/Dissemination<br>MM / DD / YYYY<br><b>11 / 12 / 2014</b>   |  |
| Mailing Address <b>1110 N Coolidge</b>                                   |                             | Amount<br><b>31.26</b>   |  |
| City<br><b>Gonzales</b>  | State<br><b>LA</b>          | Zip Code<br><b>70737</b>   | Transaction ID : <b>66d19e56-77e2-40db-8</b> |
| Purpose of Expenditure<br><b>Mileage</b>                                 | Category/Type<br><b>002</b> | Date of Disbursement or Obligation<br>MM / DD / YYYY<br><b>11 / 12 / 2014</b>  |  |
| Name of Federal Candidate<br><b>Ms. Mary L Landrieu</b>                  |                             | <input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: <b>00</b><br><input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <b>LA</b> |  |
| Calendar Year-To-Date Per Election for Office Sought<br><b>271547.24</b> |                             | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2014 <input type="checkbox"/> Other (specify) ▶  |  |

|  |               |
|--|---------------|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶    | <b>141.26</b> |
| (b) SUBTOTAL of Unitemized Independent Expenditures .....▶ |               |
| (c) TOTAL Independent Expenditures.....▶                   |               |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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Date

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Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

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 FOR SE OF FORM 24/48

|  |   |
|--|---|
| NAME OF COMMITTEE (In Full)<br><b>Women Speak Out PAC</b>  | <b>FEC IDENTIFICATION NUMBER ▼</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00530766       </div> |
| Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on |   |

|  |   |  |  |
|--|---|--|--|
| Full Name of Payee<br><b>Mary C Lee</b>  |   | Date of Public Distribution/Dissemination<br><div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">11 / 12 / 2014</div> </div>   |  |
| Mailing Address 1030 N Coolidge Ave  |   | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">110.00</div>  |  |
| City State Zip Code<br>Gonzales LA 70737   | <b>Transaction ID : d4a24b6d-7d19-4641-8</b><br>Date of Disbursement or Obligation<br><div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">11 / 12 / 2014</div> </div> |  |  |
| Purpose of Expenditure<br>Salary   | Category/Type<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>   |  |  |
| Name of Federal Candidate<br>Ms. Mary L Landrieu   |   | <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Support<br/> <input checked="" type="checkbox"/> Oppose         </div> <div>           Office Sought: <input type="checkbox"/> House District: 00<br/> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA         </div> </div> |  |
| Calendar Year-To-Date Per Election for Office Sought<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">271547.24</div> |   | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014<br><input type="checkbox"/> Other (specify) ▶  |  |

|  |   |  |  |
|--|---|--|--|
| Full Name of Payee<br><b>Mary C Lee</b>  |   | Date of Public Distribution/Dissemination<br><div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">11 / 12 / 2014</div> </div>   |  |
| Mailing Address 1030 N Coolidge Ave  |   | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">31.26</div>   |  |
| City State Zip Code<br>Gonzales LA 70737   | <b>Transaction ID : 1ddb954e-97a6-4ab6-9</b><br>Date of Disbursement or Obligation<br><div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">11 / 12 / 2014</div> </div> |  |  |
| Purpose of Expenditure<br>Mileage  | Category/Type<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>   |  |  |
| Name of Federal Candidate<br>Ms. Mary L Landrieu   |   | <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Support<br/> <input checked="" type="checkbox"/> Oppose         </div> <div>           Office Sought: <input type="checkbox"/> House District: 00<br/> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA         </div> </div> |  |
| Calendar Year-To-Date Per Election for Office Sought<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">271547.24</div> |   | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014<br><input type="checkbox"/> Other (specify) ▶  |  |

|  |   |
|--|---|
| (a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶    | <div style="border: 1px solid black; padding: 2px; display: inline-block;">141.26</div> |
| (b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>       |
| (c) <b>TOTAL</b> Independent Expenditures..... ▶                   | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>       |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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Date

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11 / 14 / 2014

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

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 FOR SE OF FORM 24/48

|  |   |
|--|---|
| NAME OF COMMITTEE (In Full)<br><b>Women Speak Out PAC</b>  | <b>FEC IDENTIFICATION NUMBER ▼</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00530766       </div> |
| Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on |   |

|  |                    |   |   |
|--|--------------------|---|---|
| Full Name of Payee<br><b>Philip Elkins</b>   |                    | Date of Public Distribution/Dissemination<br>MM / DD / YYYY<br><b>11 / 12 / 2014</b>  |   |
| Mailing Address <b>227 Lincoln Dr</b>  |                    | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">20.00</div>  |   |
| City<br><b>Bossier City</b>  | State<br><b>LA</b> | Zip Code<br><b>71111</b>  | <b>Transaction ID : 861b8c6f-3c72-44e5-a</b><br>Date of Disbursement or Obligation<br>MM / DD / YYYY<br><b>11 / 12 / 2014</b>                                       |
| Purpose of Expenditure<br>Salary   |                    | Category/Type<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>   |   |
| Name of Federal Candidate<br><b>Ms. Mary L Landrieu</b>  |                    | <input type="checkbox"/> Support<br><input checked="" type="checkbox"/> Oppose  | Office Sought: <input type="checkbox"/> House District: <b>00</b><br><input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>LA</b> |
| Calendar Year-To-Date Per Election for Office Sought<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">271547.24</div> |                    | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2014 <input type="checkbox"/> Other (specify) ▶ |   |

|  |                    |   |   |
|--|--------------------|---|---|
| Full Name of Payee<br><b>Philip Elkins</b>   |                    | Date of Public Distribution/Dissemination<br>MM / DD / YYYY<br><b>11 / 12 / 2014</b>  |   |
| Mailing Address <b>227 Lincoln Dr</b>  |                    | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">15.09</div>  |   |
| City<br><b>Bossier City</b>  | State<br><b>LA</b> | Zip Code<br><b>71111</b>  | <b>Transaction ID : 6254c1bd-9175-4cb2-a</b><br>Date of Disbursement or Obligation<br>MM / DD / YYYY<br><b>11 / 12 / 2014</b>                                       |
| Purpose of Expenditure<br>Mileage  |                    | Category/Type<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>   |   |
| Name of Federal Candidate<br><b>Ms. Mary L Landrieu</b>  |                    | <input type="checkbox"/> Support<br><input checked="" type="checkbox"/> Oppose  | Office Sought: <input type="checkbox"/> House District: <b>00</b><br><input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>LA</b> |
| Calendar Year-To-Date Per Election for Office Sought<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">271547.24</div> |                    | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2014 <input type="checkbox"/> Other (specify) ▶ |   |

|  |  |
|--|--|
| (a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶    | <div style="border: 1px solid black; padding: 2px; display: inline-block;">35.09</div> |
| (b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>      |
| (c) <b>TOTAL</b> Independent Expenditures..... ▶                   | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>      |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Ms. Emily Buchanan*
*[Electronically Filed]*

Date

 MM / DD / YYYY  
**11 / 14 / 2014**

Signature



**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 33 OF 44  
 FOR SE OF FORM 24/48

|   |  |   |  |
|---|--|---|--|
| NAME OF COMMITTEE (In Full)<br><b>Women Speak Out PAC</b>   |  | <b>FEC IDENTIFICATION NUMBER ▼</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00530766       </div> |  |
| Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report |  | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on  |  |

|  |  |  |  |
|--|--|--|--|
| Full Name of Payee<br><b>Elvis Spears</b>  |  | Date of Public Distribution/Dissemination<br><div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">11 / 12 / 2014</div> </div>  |  |
| Mailing Address 2150 Hope St   |  | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">80.00</div>   |  |
| City State Zip Code<br>New Orleans LA 70119  | <b>Transaction ID : cfebab5d-f6f8-4b1a-b</b><br>Date of Disbursement or Obligation<br><div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">11 / 12 / 2014</div> </div> |  |  |
| Purpose of Expenditure<br>Salary   | Category/Type<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>  | Name of Federal Candidate <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose<br>Ms. Mary L Landrieu   |  |
| Calendar Year-To-Date Per Election for Office Sought<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">271547.24</div> |  | Office Sought: <input type="checkbox"/> House District: 00<br><input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA<br>Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014<br><input type="checkbox"/> Other (specify) ▶ |  |

|  |  |  |  |
|--|--|--|--|
| Full Name of Payee<br><b>Elvis Spears</b>  |  | Date of Public Distribution/Dissemination<br><div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">11 / 12 / 2014</div> </div>  |  |
| Mailing Address 2150 Hope St   |  | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">8.40</div>  |  |
| City State Zip Code<br>New Orleans LA 70119  | <b>Transaction ID : 3437ad78-2759-4868-b</b><br>Date of Disbursement or Obligation<br><div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">11 / 12 / 2014</div> </div> |  |  |
| Purpose of Expenditure<br>Mileage  | Category/Type<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>  | Name of Federal Candidate <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose<br>Ms. Mary L Landrieu   |  |
| Calendar Year-To-Date Per Election for Office Sought<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">271547.24</div> |  | Office Sought: <input type="checkbox"/> House District: 00<br><input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA<br>Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014<br><input type="checkbox"/> Other (specify) ▶ |  |

|  |  |
|--|--|
| (a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶    | <div style="border: 1px solid black; padding: 2px; display: inline-block;">88.40</div> |
| (b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>      |
| (c) <b>TOTAL</b> Independent Expenditures..... ▶                   | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>      |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY

11 / 14 / 2014

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 34 OF 44  
FOR SE OF FORM 24/48

|   |  |  |  |
|---|--|--|--|
| NAME OF COMMITTEE (In Full)<br><b>Women Speak Out PAC</b>   |  | FEC IDENTIFICATION NUMBER ▼<br><b>C</b> C00530766  |  |
| Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report |  | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on |  |

|   |                             |  |  |
|---|-----------------------------|--|--|
| Full Name of Payee<br><b>ERIC TABARY</b>                                    |                             | Date of Public Distribution/Dissemination<br>MM / DD / YYYY<br><b>11 / 12 / 2014</b>   |  |
| Mailing Address <b>6101 NORA ST</b>   |                             | Amount<br><b>40.00</b>   |  |
| City<br><b>METAIRIE</b>   | State<br><b>LA</b>          | Zip Code<br><b>70003</b>   | Transaction ID : <b>edaf9bdf-aa53-4038-9</b> |
| Purpose of Expenditure<br>Salary  | Category/Type<br><b>001</b> | Date of Disbursement or Obligation<br>MM / DD / YYYY<br><b>11 / 12 / 2014</b>  |  |
| Name of Federal Candidate<br><b>Ms. Mary L Landrieu</b>                     |                             | <input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: <b>00</b><br><input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <b>LA</b> |  |
| Calendar Year-To-Date<br>Per Election for Office Sought<br><b>271547.24</b> |                             | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2014 <input type="checkbox"/> Other (specify) ▶  |  |

|   |                             |  |  |
|---|-----------------------------|--|--|
| Full Name of Payee<br><b>ERIC TABARY</b>                                    |                             | Date of Public Distribution/Dissemination<br>MM / DD / YYYY<br><b>11 / 12 / 2014</b>   |  |
| Mailing Address <b>6101 NORA ST</b>   |                             | Amount<br><b>1.20</b>  |  |
| City<br><b>METAIRIE</b>   | State<br><b>LA</b>          | Zip Code<br><b>70003</b>   | Transaction ID : <b>82f83012-6101-49ad-9</b> |
| Purpose of Expenditure<br>Mileage   | Category/Type<br><b>002</b> | Date of Disbursement or Obligation<br>MM / DD / YYYY<br><b>11 / 12 / 2014</b>  |  |
| Name of Federal Candidate<br><b>Ms. Mary L Landrieu</b>                     |                             | <input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: <b>00</b><br><input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <b>LA</b> |  |
| Calendar Year-To-Date<br>Per Election for Office Sought<br><b>271547.24</b> |                             | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2014 <input type="checkbox"/> Other (specify) ▶  |  |

|  |              |
|--|--------------|
| (a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶    | <b>41.20</b> |
| (b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶ |              |
| (c) <b>TOTAL</b> Independent Expenditures..... ▶                   |              |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

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**11 / 14 / 2014**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)PAGE 35 OF 44  
FOR SE OF FORM 24/48

|   |  |  |  |
|---|--|--|--|
| NAME OF COMMITTEE (In Full)<br><b>Women Speak Out PAC</b>   |  | FEC IDENTIFICATION NUMBER ▼<br><b>C</b> C00530766  |  |
| Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report |  | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on |  |

|  |                             |  |  |
|--|-----------------------------|--|--|
| Full Name of Payee<br><b>Carl Brent</b>                                  |                             | Date of Public Distribution/Dissemination<br>MM / DD / YYYY<br><b>11 / 12 / 2014</b>   |  |
| Mailing Address <b>6718 Lake Willow Dr</b>                               |                             | Amount<br><b>80.00</b>   |  |
| City<br><b>New Orleans</b>   | State<br><b>LA</b>          | Zip Code<br><b>70126</b>   | Transaction ID : <b>f486d6d1-86c7-4c07-8</b> |
| Purpose of Expenditure<br><b>Salary</b>                                  | Category/Type<br><b>001</b> | Date of Disbursement or Obligation<br>MM / DD / YYYY<br><b>11 / 12 / 2014</b>  |  |
| Name of Federal Candidate<br><b>Ms. Mary L Landrieu</b>                  |                             | <input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: <b>00</b><br><input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <b>LA</b> |  |
| Calendar Year-To-Date Per Election for Office Sought<br><b>271547.24</b> |                             | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2014 <input type="checkbox"/> Other (specify) ▶  |  |

|  |                             |  |  |
|--|-----------------------------|--|--|
| Full Name of Payee<br><b>Carl Brent</b>                                  |                             | Date of Public Distribution/Dissemination<br>MM / DD / YYYY<br><b>11 / 12 / 2014</b>   |  |
| Mailing Address <b>6718 Lake Willow Dr</b>                               |                             | Amount<br><b>11.70</b>   |  |
| City<br><b>New Orleans</b>   | State<br><b>LA</b>          | Zip Code<br><b>70126</b>   | Transaction ID : <b>11fa9be2-e135-4f34-9</b> |
| Purpose of Expenditure<br><b>Mileage</b>                                 | Category/Type<br><b>002</b> | Date of Disbursement or Obligation<br>MM / DD / YYYY<br><b>11 / 12 / 2014</b>  |  |
| Name of Federal Candidate<br><b>Ms. Mary L Landrieu</b>                  |                             | <input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: <b>00</b><br><input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <b>LA</b> |  |
| Calendar Year-To-Date Per Election for Office Sought<br><b>271547.24</b> |                             | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2014 <input type="checkbox"/> Other (specify) ▶  |  |

|   |              |
|---|--------------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶    | <b>91.70</b> |
| (b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶ |              |
| (c) TOTAL Independent Expenditures..... ▶                   |              |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY  
**11 / 14 / 2014**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)PAGE 36 OF 44  
FOR SE OF FORM 24/48

|   |  |  |  |
|---|--|--|--|
| NAME OF COMMITTEE (In Full)<br><b>Women Speak Out PAC</b>   |  | FEC IDENTIFICATION NUMBER ▼<br><b>C</b> C00530766  |  |
| Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report |  | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on |  |

|   |                    |   |   |
|---|--------------------|---|---|
| Full Name of Payee<br><b>Brogan A Benoit</b>                                |                    | Date of Public Distribution/Dissemination<br>MM / DD / YYYY<br><b>11 / 12 / 2014</b>  |   |
| Mailing Address <b>7144 South River Rd</b>                                  |                    | Amount<br><b>60.00</b>  |   |
| City<br><b>Addis</b>  | State<br><b>LA</b> | Zip Code<br><b>70710</b>  | Transaction ID : <b>39174aae-47d0-4a2a-b</b><br>Date of Disbursement or Obligation<br>MM / DD / YYYY<br><b>11 / 12 / 2014</b>                                       |
| Purpose of Expenditure<br>Salary  |                    | Category/Type<br><b>001</b>   |   |
| Name of Federal Candidate<br><b>Ms. Mary L Landrieu</b>                     |                    | <input type="checkbox"/> Support<br><input checked="" type="checkbox"/> Oppose  | Office Sought: <input type="checkbox"/> House District: <b>00</b><br><input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>LA</b> |
| Calendar Year-To-Date<br>Per Election for Office Sought<br><b>271547.24</b> |                    | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2014 <input type="checkbox"/> Other (specify) ▶ |   |

|   |                    |   |   |
|---|--------------------|---|---|
| Full Name of Payee<br><b>Brogan A Benoit</b>                                |                    | Date of Public Distribution/Dissemination<br>MM / DD / YYYY<br><b>11 / 12 / 2014</b>  |   |
| Mailing Address <b>7144 South River Rd</b>                                  |                    | Amount<br><b>6.30</b>   |   |
| City<br><b>Addis</b>  | State<br><b>LA</b> | Zip Code<br><b>70710</b>  | Transaction ID : <b>29e64584-3603-4adc-8</b><br>Date of Disbursement or Obligation<br>MM / DD / YYYY<br><b>11 / 12 / 2014</b>                                       |
| Purpose of Expenditure<br>Mileage   |                    | Category/Type<br><b>002</b>   |   |
| Name of Federal Candidate<br><b>Ms. Mary L Landrieu</b>                     |                    | <input type="checkbox"/> Support<br><input checked="" type="checkbox"/> Oppose  | Office Sought: <input type="checkbox"/> House District: <b>00</b><br><input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>LA</b> |
| Calendar Year-To-Date<br>Per Election for Office Sought<br><b>271547.24</b> |                    | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2014 <input type="checkbox"/> Other (specify) ▶ |   |

|  |              |
|--|--------------|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶    | <b>66.30</b> |
| (b) SUBTOTAL of Unitemized Independent Expenditures .....▶ |              |
| (c) TOTAL Independent Expenditures.....▶                   |              |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY  
**11 / 14 / 2014**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)PAGE 37 OF 44  
FOR SE OF FORM 24/48

|   |  |  |  |
|---|--|--|--|
| NAME OF COMMITTEE (In Full)<br><b>Women Speak Out PAC</b>   |  | FEC IDENTIFICATION NUMBER ▼<br><b>C</b> C00530766  |  |
| Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report |  | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on |  |

|   |                    |   |   |
|---|--------------------|---|---|
| Full Name of Payee<br><b>Gage Blank</b>                                     |                    | Date of Public Distribution/Dissemination<br>MM / DD / YYYY<br><b>11 / 12 / 2014</b>  |   |
| Mailing Address <b>5342 Eudora Dr</b>                                       |                    | Amount<br><b>40.00</b>  |   |
| City<br><b>Addis</b>  | State<br><b>LA</b> | Zip Code<br><b>70710</b>  | Transaction ID : <b>dcb3448d-f472-4545-b</b><br>Date of Disbursement or Obligation<br>MM / DD / YYYY<br><b>11 / 12 / 2014</b>                                       |
| Purpose of Expenditure<br><b>Salary</b>                                     |                    | Category/Type<br><b>001</b>   |   |
| Name of Federal Candidate<br><b>Ms. Mary L Landrieu</b>                     |                    | <input type="checkbox"/> Support<br><input checked="" type="checkbox"/> Oppose  | Office Sought: <input type="checkbox"/> House District: <b>00</b><br><input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>LA</b> |
| Calendar Year-To-Date<br>Per Election for Office Sought<br><b>271547.24</b> |                    | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2014 <input type="checkbox"/> Other (specify) ▶ |   |

|   |                    |   |   |
|---|--------------------|---|---|
| Full Name of Payee<br><b>Gage Blank</b>                                     |                    | Date of Public Distribution/Dissemination<br>MM / DD / YYYY<br><b>11 / 12 / 2014</b>  |   |
| Mailing Address <b>5342 Eudora Dr</b>                                       |                    | Amount<br><b>7.50</b>   |   |
| City<br><b>Addis</b>  | State<br><b>LA</b> | Zip Code<br><b>70710</b>  | Transaction ID : <b>a1002301-3c91-46f7-b</b><br>Date of Disbursement or Obligation<br>MM / DD / YYYY<br><b>11 / 12 / 2014</b>                                       |
| Purpose of Expenditure<br><b>Mileage</b>                                    |                    | Category/Type<br><b>002</b>   |   |
| Name of Federal Candidate<br><b>Ms. Mary L Landrieu</b>                     |                    | <input type="checkbox"/> Support<br><input checked="" type="checkbox"/> Oppose  | Office Sought: <input type="checkbox"/> House District: <b>00</b><br><input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>LA</b> |
| Calendar Year-To-Date<br>Per Election for Office Sought<br><b>271547.24</b> |                    | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2014 <input type="checkbox"/> Other (specify) ▶ |   |

|   |              |
|---|--------------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶    | <b>47.50</b> |
| (b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶ |              |
| (c) TOTAL Independent Expenditures..... ▶                   |              |

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Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY  
**11 / 14 / 2014**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)PAGE 38 OF 44  
FOR SE OF FORM 24/48

|   |  |  |  |
|---|--|--|--|
| NAME OF COMMITTEE (In Full)<br><b>Women Speak Out PAC</b>   |  | FEC IDENTIFICATION NUMBER ▼<br><b>C</b> C00530766  |  |
| Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report |  | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on |  |

|   |                   |  |   |
|---|-------------------|--|---|
| Full Name of Payee<br><b>Cynthia J Christmas</b>        |                   | Date of Public Distribution/Dissemination<br>MM / DD / YYYY<br><b>11 / 12 / 2014</b> |   |
| Mailing Address 1731 Frenchmen St                       |                   | Amount<br><b>90.00</b>   |   |
| City<br>New Orleans                                     | State<br>LA       | Zip Code<br>70116  | Transaction ID : <b>b7021d60-9496-4dfc-8</b>  |
| Purpose of Expenditure<br>Salary                        | Category/<br>Type |  | Date of Disbursement or Obligation<br>MM / DD / YYYY<br><b>11 / 12 / 2014</b>   |
| Name of Federal Candidate<br>Ms. Mary L Landrieu        |                   | <input type="checkbox"/> Support<br><input checked="" type="checkbox"/> Oppose       | Office Sought: <input type="checkbox"/> House District: <u>00</u><br><input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u> |
| Calendar Year-To-Date<br>Per Election for Office Sought |                   | <b>271547.24</b>   | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2014 <input type="checkbox"/> Other (specify) ▶                   |

|   |                   |  |   |
|---|-------------------|--|---|
| Full Name of Payee<br><b>Cynthia J Christmas</b>        |                   | Date of Public Distribution/Dissemination<br>MM / DD / YYYY<br><b>11 / 12 / 2014</b> |   |
| Mailing Address 1731 Frenchmen St                       |                   | Amount<br><b>8.40</b>  |   |
| City<br>New Orleans                                     | State<br>LA       | Zip Code<br>70116  | Transaction ID : <b>bf9b7660-143d-4fac-8</b>  |
| Purpose of Expenditure<br>Mileage                       | Category/<br>Type |  | Date of Disbursement or Obligation<br>MM / DD / YYYY<br><b>11 / 12 / 2014</b>   |
| Name of Federal Candidate<br>Ms. Mary L Landrieu        |                   | <input type="checkbox"/> Support<br><input checked="" type="checkbox"/> Oppose       | Office Sought: <input type="checkbox"/> House District: <u>00</u><br><input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u> |
| Calendar Year-To-Date<br>Per Election for Office Sought |                   | <b>271547.24</b>   | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2014 <input type="checkbox"/> Other (specify) ▶                   |

|  |              |
|--|--------------|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶    | <b>98.40</b> |
| (b) SUBTOTAL of Unitemized Independent Expenditures .....▶ |              |
| (c) TOTAL Independent Expenditures.....▶                   |              |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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Date

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**11 / 14 / 2014**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)PAGE 39 OF 44  
FOR SE OF FORM 24/48

|   |  |  |  |
|---|--|--|--|
| NAME OF COMMITTEE (In Full)<br><b>Women Speak Out PAC</b>   |  | FEC IDENTIFICATION NUMBER ▼<br><b>C</b> C00530766  |  |
| Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report |  | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on |  |

|   |                    |   |   |
|---|--------------------|---|---|
| Full Name of Payee<br><b>Evelyn Lesaicherre</b>                             |                    | Date of Public Distribution/Dissemination<br>MM / DD / YYYY<br><b>11 / 12 / 2014</b>  |   |
| Mailing Address <b>629 Radiance Ave</b>                                     |                    | Amount<br><b>80.00</b>  |   |
| City<br><b>Metairie</b>   | State<br><b>LA</b> | Zip Code<br><b>70001</b>  | Transaction ID : <b>88449fab-989e-49a7-8</b><br>Date of Disbursement or Obligation<br>MM / DD / YYYY<br><b>11 / 12 / 2014</b>                                       |
| Purpose of Expenditure<br>Salary  |                    | Category/Type<br><b>001</b>   |   |
| Name of Federal Candidate<br><b>Ms. Mary L Landrieu</b>                     |                    | <input type="checkbox"/> Support<br><input checked="" type="checkbox"/> Oppose  | Office Sought: <input type="checkbox"/> House District: <b>00</b><br><input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>LA</b> |
| Calendar Year-To-Date<br>Per Election for Office Sought<br><b>271547.24</b> |                    | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2014 <input type="checkbox"/> Other (specify) ▶ |   |

|   |                    |   |   |
|---|--------------------|---|---|
| Full Name of Payee<br><b>Evelyn Lesaicherre</b>                             |                    | Date of Public Distribution/Dissemination<br>MM / DD / YYYY<br><b>11 / 12 / 2014</b>  |   |
| Mailing Address <b>629 Radiance Ave</b>                                     |                    | Amount<br><b>5.40</b>   |   |
| City<br><b>Metairie</b>   | State<br><b>LA</b> | Zip Code<br><b>70001</b>  | Transaction ID : <b>20d9b8b8-5968-4272-9</b><br>Date of Disbursement or Obligation<br>MM / DD / YYYY<br><b>11 / 12 / 2014</b>                                       |
| Purpose of Expenditure<br>Mileage   |                    | Category/Type<br><b>002</b>   |   |
| Name of Federal Candidate<br><b>Ms. Mary L Landrieu</b>                     |                    | <input type="checkbox"/> Support<br><input checked="" type="checkbox"/> Oppose  | Office Sought: <input type="checkbox"/> House District: <b>00</b><br><input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>LA</b> |
| Calendar Year-To-Date<br>Per Election for Office Sought<br><b>271547.24</b> |                    | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2014 <input type="checkbox"/> Other (specify) ▶ |   |

|  |              |
|--|--------------|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶    | <b>85.40</b> |
| (b) SUBTOTAL of Unitemized Independent Expenditures .....▶ |              |
| (c) TOTAL Independent Expenditures.....▶                   |              |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY  
**11 / 14 / 2014**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 40 OF 44  
FOR SE OF FORM 24/48

|   |  |  |  |
|---|--|--|--|
| NAME OF COMMITTEE (In Full)<br><b>Women Speak Out PAC</b>   |  | FEC IDENTIFICATION NUMBER ▼<br><b>C</b> C00530766  |  |
| Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report |  | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on |  |

|   |                             |  |  |
|---|-----------------------------|--|--|
| Full Name of Payee<br><b>Christine Stevens</b>                              |                             | Date of Public Distribution/Dissemination<br>MM / DD / YYYY<br><b>11 / 12 / 2014</b>   |  |
| Mailing Address <b>100 Asbury Ct</b>  |                             | Amount<br><b>70.00</b>   |  |
| City<br><b>Winchester</b>   | State<br><b>VA</b>          | Zip Code<br><b>22602</b>   | Transaction ID : <b>9977de69-7ee6-400d-a</b> |
| Purpose of Expenditure<br><b>Salary</b>                                     | Category/Type<br><b>001</b> | Date of Disbursement or Obligation<br>MM / DD / YYYY<br><b>11 / 12 / 2014</b>  |  |
| Name of Federal Candidate<br><b>Ms. Mary L Landrieu</b>                     |                             | <input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: <b>00</b><br><input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <b>LA</b> |  |
| Calendar Year-To-Date<br>Per Election for Office Sought<br><b>271547.24</b> |                             | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2014 <input type="checkbox"/> Other (specify) ▶  |  |

|   |                             |  |  |
|---|-----------------------------|--|--|
| Full Name of Payee<br><b>Jazmine d Conner</b>                               |                             | Date of Public Distribution/Dissemination<br>MM / DD / YYYY<br><b>11 / 12 / 2014</b>   |  |
| Mailing Address <b>100 ASBURY CT</b>  |                             | Amount<br><b>60.00</b>   |  |
| City<br><b>WINCHESTER</b>   | State<br><b>VA</b>          | Zip Code<br><b>22602</b>   | Transaction ID : <b>6c017352-1c7a-4cea-a</b> |
| Purpose of Expenditure<br><b>Salary</b>                                     | Category/Type<br><b>001</b> | Date of Disbursement or Obligation<br>MM / DD / YYYY<br><b>11 / 12 / 2014</b>  |  |
| Name of Federal Candidate<br><b>Ms. Mary L Landrieu</b>                     |                             | <input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: <b>00</b><br><input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <b>LA</b> |  |
| Calendar Year-To-Date<br>Per Election for Office Sought<br><b>271547.24</b> |                             | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2014 <input type="checkbox"/> Other (specify) ▶  |  |

|  |               |
|--|---------------|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶    | <b>130.00</b> |
| (b) SUBTOTAL of Unitemized Independent Expenditures .....▶ |               |
| (c) TOTAL Independent Expenditures.....▶                   |               |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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**11 / 14 / 2014**

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 41 OF 44  
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|  |   |
|--|---|
| NAME OF COMMITTEE (In Full)<br><b>Women Speak Out PAC</b>  | <b>FEC IDENTIFICATION NUMBER ▼</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00530766       </div> |
| Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on |   |

|   |                       |   |   |
|---|-----------------------|---|---|
| Full Name of Payee<br><b>Jon E Conner</b>               |                       | Date of Public Distribution/Dissemination<br>MM / DD / YYYY<br>11 / 12 / 2014   |   |
| Mailing Address 100 Asbury Ct                           |                       | Amount<br>60.00   |   |
| City<br>Winchester                                      | State<br>VA           | Zip Code<br>22602   | Transaction ID : 349b5eb1-5ac2-4a3a-b   |
| Purpose of Expenditure<br>Salary                        | Category/<br>Type 001 | Date of Disbursement or Obligation<br>MM / DD / YYYY<br>11 / 12 / 2014  |   |
| Name of Federal Candidate<br>Ms. Mary L Landrieu        |                       | <input type="checkbox"/> Support<br><input checked="" type="checkbox"/> Oppose  | Office Sought: <input type="checkbox"/> House District: 00<br><input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA |
| Calendar Year-To-Date<br>Per Election for Office Sought |                       | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2014 <input type="checkbox"/> Other (specify) ▶ |   |

|   |                       |   |   |
|---|-----------------------|---|---|
| Full Name of Payee<br><b>Rodney O Culbreath</b>         |                       | Date of Public Distribution/Dissemination<br>MM / DD / YYYY<br>11 / 12 / 2014   |   |
| Mailing Address 100 Asbury Ct                           |                       | Amount<br>70.00   |   |
| City<br>Winchester                                      | State<br>VA           | Zip Code<br>22602   | Transaction ID : 627d3aee-9f89-4d72-a   |
| Purpose of Expenditure<br>Salary                        | Category/<br>Type 001 | Date of Disbursement or Obligation<br>MM / DD / YYYY<br>11 / 12 / 2014  |   |
| Name of Federal Candidate<br>Ms. Mary L Landrieu        |                       | <input type="checkbox"/> Support<br><input checked="" type="checkbox"/> Oppose  | Office Sought: <input type="checkbox"/> House District: 00<br><input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA |
| Calendar Year-To-Date<br>Per Election for Office Sought |                       | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2014 <input type="checkbox"/> Other (specify) ▶ |   |

|  |        |
|--|--------|
| (a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶    | 130.00 |
| (b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶ |        |
| (c) <b>TOTAL</b> Independent Expenditures..... ▶                   |        |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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11 / 14 / 2014

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)PAGE 42 OF 44  
FOR SE OF FORM 24/48

|   |  |  |  |
|---|--|--|--|
| NAME OF COMMITTEE (In Full)<br><b>Women Speak Out PAC</b>   |  | FEC IDENTIFICATION NUMBER ▼<br><b>C</b> C00530766  |  |
| Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report |  | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on |  |

|   |                       |  |                                       |
|---|-----------------------|--|---------------------------------------|
| Full Name of Payee<br><b>Rodney D Culbreth</b>          |                       | Date of Public Distribution/Dissemination<br>MM / DD / YYYY<br><b>11 / 12 / 2014</b>   |                                       |
| Mailing Address 100 Asbury CT<br>3200 Dam Neck Rd       |                       | Amount<br>70.00  |                                       |
| City<br>Winchester                                      | State<br>VA           | Zip Code<br>22602  | Transaction ID : 569c08ff-4c11-469c-a |
| Purpose of Expenditure<br>Salary                        | Category/<br>Type 001 | Date of Disbursement or Obligation<br>MM / DD / YYYY<br><b>11 / 12 / 2014</b>  |                                       |
| Name of Federal Candidate<br>Ms. Mary L Landrieu        |                       | <input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: 00<br><input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: LA |                                       |
| Calendar Year-To-Date<br>Per Election for Office Sought |                       | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2014 <input type="checkbox"/> Other (specify) ▶  |                                       |

|   |                       |  |                                       |
|---|-----------------------|--|---------------------------------------|
| Full Name of Payee<br><b>Rze Culbreth</b>               |                       | Date of Public Distribution/Dissemination<br>MM / DD / YYYY<br><b>11 / 12 / 2014</b>   |                                       |
| Mailing Address 100 Asbury Ct                           |                       | Amount<br>60.00  |                                       |
| City<br>Winchester                                      | State<br>VA           | Zip Code<br>22602  | Transaction ID : 92db2f18-969f-4cb1-8 |
| Purpose of Expenditure<br>Salary                        | Category/<br>Type 001 | Date of Disbursement or Obligation<br>MM / DD / YYYY<br><b>11 / 12 / 2014</b>  |                                       |
| Name of Federal Candidate<br>Ms. Mary L Landrieu        |                       | <input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: 00<br><input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: LA |                                       |
| Calendar Year-To-Date<br>Per Election for Office Sought |                       | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2014 <input type="checkbox"/> Other (specify) ▶  |                                       |

|   |        |
|---|--------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶    | 130.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶ |        |
| (c) TOTAL Independent Expenditures..... ▶                   |        |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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Date

MM / DD / YYYY  
11 / 14 / 2014

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 43 OF 44  
FOR SE OF FORM 24/48

|   |  |  |  |
|---|--|--|--|
| NAME OF COMMITTEE (In Full)<br><b>Women Speak Out PAC</b>   |  | FEC IDENTIFICATION NUMBER ▼<br><b>C</b> C00530766  |  |
| Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report |  | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on |  |

|  |                             |  |  |
|--|-----------------------------|--|--|
| Full Name of Payee<br><b>Sheri J Peace</b>                               |                             | Date of Public Distribution/Dissemination<br>MM / DD / YYYY<br><b>11 / 12 / 2014</b>   |  |
| Mailing Address <b>9685 Paula St</b>                                     |                             | Amount<br><b>80.00</b>   |  |
| City<br><b>Keithville</b>  | State<br><b>LA</b>          | Zip Code<br><b>71047</b>   | Transaction ID : <b>5be9a769-4136-4714-8</b> |
| Purpose of Expenditure<br><b>Salary</b>                                  | Category/Type<br><b>001</b> | Date of Disbursement or Obligation<br>MM / DD / YYYY<br><b>11 / 12 / 2014</b>  |  |
| Name of Federal Candidate<br><b>Ms. Mary L Landrieu</b>                  |                             | <input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: <b>00</b><br><input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <b>LA</b> |  |
| Calendar Year-To-Date Per Election for Office Sought<br><b>271547.24</b> |                             | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2014 <input type="checkbox"/> Other (specify) ▶  |  |

|  |                             |  |  |
|--|-----------------------------|--|--|
| Full Name of Payee<br><b>Sheri J Peace</b>                               |                             | Date of Public Distribution/Dissemination<br>MM / DD / YYYY<br><b>11 / 12 / 2014</b>   |  |
| Mailing Address <b>9685 Paula St</b>                                     |                             | Amount<br><b>15.90</b>   |  |
| City<br><b>Keithville</b>  | State<br><b>LA</b>          | Zip Code<br><b>71047</b>   | Transaction ID : <b>07a2af4c-fbbb-4c87-8</b> |
| Purpose of Expenditure<br><b>Mileage</b>                                 | Category/Type<br><b>002</b> | Date of Disbursement or Obligation<br>MM / DD / YYYY<br><b>11 / 12 / 2014</b>  |  |
| Name of Federal Candidate<br><b>Ms. Mary L Landrieu</b>                  |                             | <input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: <b>00</b><br><input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <b>LA</b> |  |
| Calendar Year-To-Date Per Election for Office Sought<br><b>271547.24</b> |                             | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2014 <input type="checkbox"/> Other (specify) ▶  |  |

|  |              |
|--|--------------|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶    | <b>95.90</b> |
| (b) SUBTOTAL of Unitemized Independent Expenditures .....▶ |              |
| (c) TOTAL Independent Expenditures.....▶                   |              |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY  
**11 / 14 / 2014**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)PAGE 44 OF 44  
FOR SE OF FORM 24/48

|  |  |  |  |
|--|--|--|--|
| NAME OF COMMITTEE (In Full)<br><b>Women Speak Out PAC</b>  |  | <b>FEC IDENTIFICATION NUMBER ▼</b>   |  |
|  |  | <div style="border: 1px solid black; display: inline-block; padding: 2px 10px;"> <b>C</b> C00530766       </div> |  |
| Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on |  |  |  |

|   |             |  |   |
|---|-------------|--|---|
| Full Name of Payee<br><b>Amanda Boley</b>               |             | Date of Public Distribution/Dissemination  |   |
| Mailing Address   Split Oak Drive                       |             | <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">11</div> <div style="border: 1px solid black; padding: 2px;">12</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div> |   |
| City<br>charlotte                                       | State<br>NC | Zip Code<br>28227  | Amount<br>67.50   |
| Purpose of Expenditure<br>Salary                        |             | Category/<br>Type <div style="border: 1px solid black; padding: 2px;">001</div>  | <b>Transaction ID : c4594c6a-4533-40ab-9</b><br>Date of Disbursement or Obligation  |
| Name of Federal Candidate<br>Ms. Mary L Landrieu        |             | <input type="checkbox"/> Support<br><input checked="" type="checkbox"/> Oppose   | Office Sought: <input type="checkbox"/> House   District: <u>00</u><br><input type="checkbox"/> President <input checked="" type="checkbox"/> Senate   State: <u>LA</u> |
| Calendar Year-To-Date<br>Per Election for Office Sought |             | <div style="border: 1px solid black; padding: 2px;">271547.24</div>  | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2014 <input type="checkbox"/> Other (specify) ▶                       |

|   |             |  |   |
|---|-------------|--|---|
| Full Name of Payee<br><b>Amanda Boley</b>               |             | Date of Public Distribution/Dissemination  |   |
| Mailing Address   Split Oak Drive                       |             | <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">11</div> <div style="border: 1px solid black; padding: 2px;">12</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div> |   |
| City<br>charlotte                                       | State<br>NC | Zip Code<br>28227  | Amount<br>17.10   |
| Purpose of Expenditure<br>Mileage                       |             | Category/<br>Type <div style="border: 1px solid black; padding: 2px;">002</div>  | <b>Transaction ID : e70ff7c0-1669-4f27-8</b><br>Date of Disbursement or Obligation  |
| Name of Federal Candidate<br>Ms. Mary L Landrieu        |             | <input type="checkbox"/> Support<br><input checked="" type="checkbox"/> Oppose   | Office Sought: <input type="checkbox"/> House   District: <u>00</u><br><input type="checkbox"/> President <input checked="" type="checkbox"/> Senate   State: <u>LA</u> |
| Calendar Year-To-Date<br>Per Election for Office Sought |             | <div style="border: 1px solid black; padding: 2px;">271547.24</div>  | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2014 <input type="checkbox"/> Other (specify) ▶                       |

|  |   |
|--|---|
| (a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶    | <div style="border: 1px solid black; padding: 2px;">84.60</div>   |
| (b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶ | <div style="border: 1px solid black; padding: 2px;"></div>        |
| (c) <b>TOTAL</b> Independent Expenditures..... ▶                   | <div style="border: 1px solid black; padding: 2px;">3507.11</div> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

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14

2014

Signature